

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90073 044 \*\*\*150.00

DOCUMENT # **F00000000272**

1. Entity Name  
**COMMONWEALTH RELOCATION FINANCIAL SERVICES, INC.**

Principal Place of Business Mailing Address  
**TWO DEVON SQUARE, 744 WEST LANCASTER AVE.** **TWO DEVON SQUARE, 744 WEST LANCASTER AVE.**  
**WAYNE PA 19087** **WAYNE PA 19087**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-2319720** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WENDER, HERBERT</b>
STREET ADDRESS	<b>101 GATEWAY CENTRE PARKWAY, GATEWAY ONE</b>
CITY-ST-ZIP	<b>RICHMOND VA 23235</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CHIPEGO, ALBERT J</b>
STREET ADDRESS	<b>TWO DEVON SQUARE, 744 WEST LANCASTER AVE.</b>
CITY-ST-ZIP	<b>WAYNE PA 19087</b>
TITLE	<b>DT</b> <input type="checkbox"/> Delete
NAME	<b>TISCHLER, JEFFREY A</b>
STREET ADDRESS	<b>101 GATEWAY CENTRE, GATEWAY ONE</b>
CITY-ST-ZIP	<b>RICHMOND VA 23235</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>CLAYTON, JOHN C</b>
STREET ADDRESS	<b>TWO DEVON SQUARE, 744 WEST LANCASTER AVE.</b>
CITY-ST-ZIP	<b>WAYNE PA 19087</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>PURCELL, W. RIKER</b>
STREET ADDRESS	<b>101 GATEWAY CENTRE PARKWAY, GATEWAY ONE</b>
CITY-ST-ZIP	<b>RICHMOND VA 23235</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C P &amp; CEO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Alpert, Janet A.</b>
STREET ADDRESS	<b>101 Gateway Cntr Pkwy, Gateway One</b>
CITY-ST-ZIP	<b>Richmond, VA 23235</b>
TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ramos, Ronald B.</b>
STREET ADDRESS	<b>101 Gateway Cntr Pkwy, Gateway One</b>
CITY-ST-ZIP	<b>Richmond, VA 23235</b>
TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kelly, J. Kevin</b>
STREET ADDRESS	<b>101 Gateway Cntr Pkwy, Gateway One</b>
CITY-ST-ZIP	<b>Richmond, VA 23235</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Asst. Vice Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hartman, Joseph</b>
STREET ADDRESS	<b>Two Devon Squ. 744 West Lancaster Ave</b>
CITY-ST-ZIP	<b>Wayne, PA 19087</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W. Riker Purcell*

**W. Riker Purcell, Vice Pres. & Sec.**

**4/19/2001**

**(804) 267-8330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)