

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91168 044 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

007750

DOCUMENT # F000000001329
 1. Entity Name
TWINCOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 180 NEW BRITAIN BLVD. Suite, Apt. #, etc.	3. Mailing Address 180 NEW BRITAIN BLVD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CHALFONT, PA	City & State CHALFONT, PA	4. FEI Number 23-2800656	Applied For Not Applicable
Zip 18914	Country	Zip 18914	Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
EDWIN F. BLANTON
 Street Address (P.O. Box Number is Not Acceptable)
825 THOMASVILLE ROAD

City
TALLAHASSEE **FL** Zip Code
32303

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)

January - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Annual UBR fee \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	CP FRED BERMAN 180 NEW BRITAIN BLVD. CHALFONT, PA 18914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST MARC BERMAN 180 NEW BRITAIN BLVD. CHALFONT, PA 18914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Fred BERMAN 4/19/02 25-822 8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)