

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

05-21-2002 91168 045 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <b>FO0000001330</b>			
1. Entity Name <del>S.E. II, INC. (FKA SERVICE CHAMP, INC.)</del> <b>Service Champ, Inc.</b> <i>NC PM</i>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>180 NEW BRITAIN BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>180 NEW BRITAIN BLVD.</b> Suite, Apt. #, etc.	
City & State <b>CHALFONT, PA</b>		City & State <b>CHALFONT, PA</b>	
Zip <b>18914</b>	Country	Zip <b>18914</b>	Country
4. FEI Number <b>23-2933443</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>EDWIN F. BLANTON</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>825 THOMASVILLE ROAD</b>			
City <b>TALLAHASSEE</b>		FL	Zip Code <b>32303</b>
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. <input checked="" type="checkbox"/> (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1 - Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP <b>FRED BERMAN</b> <b>180 NEW BRITAIN BLVD.</b> <b>CHALFONT, PA 18914</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST <b>MARC BERMAN</b> <b>180 NEW BRITAIN BLVD.</b> <b>CHALFONT, PA 18914</b>	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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>4/29/02</i> Daytime Phone #: <i>215-922-7520</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>Fred Berman</b>			

CR2E034B (12/01)