

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90035 002 ***550.00

DOCUMENT # F00000001406

1. Entity Name
RP MANAGEMENT, INC. OF PENNSYLVANIA

Principal Place of Business
301 CITY LINE AVENUE, SUITE 140
BALA CYNWYD PA 19004

Mailing Address
P.O. BOX 2333
BALA CYNWYD PA 19004

A0082399



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One Wynnewood Road
 Suite, Apt. #, etc.
101

3. Mailing Address
P.O. Box 678
 Suite, Apt. #, etc.

City & State
Wynnewood, Pa

City & State
Wynnewood, Pa

Zip Country
19096 U.S.

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19096 U.S.

4. FEI Number **23-2752053** 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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PCD SIDEWATER, STEVEN 301 CITY LINE AVENUE, SUITE 140 BALA CYNWYD PA 19004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, S. MICHAEL 301 CITY LINE AVENUE, SUITE 140 BALA CYNWYD PA 19004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEHAN, MICHELLE 301 CITY LINE AVENUE, SUITE 140 BALA CYNWYD PA 19004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDEWATER, MORRIS 301 CITY LINE AVENUE, SUITE 140 BALA CYNWYD PA 19004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Sidewater, Steven One Wynnewood Road, Suite 101 Wynnewood, Pa 19096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cohen, S. Michael One Wynnewood Road, Suite 101 Wynnewood, Pa 19096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Meehan, Michelle One Wynnewood Road, Suite 101 Wynnewood, Pa 19096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sidewater, Morris One Wynnewood Road, Suite 101 Wynnewood, Pa 19096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Cohen **8/14/01**

Date

484-708-5100

Daytime Phone #

0132492 AT

CR2E034 (5/01)