

Tuesday, May 01, 2001 3:18 PM

To: Louis Manerchia

From: Mark Hankins

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

05-21-2001 90357 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001409
1. Entity Name
 J. R. Gettier & Associates, Inc.

Principal Place of Business **Mailing Address**
 9 DUNSWELL DRIVE 9 DUNSWELL DRIVE
 MIDDLETOWN DE 19709 MIDDLETOWN DE 19709

2. Principal Place of Business **3. Mailing Address**
 3411 Silverside Road, Ste. 201 3411 Silverside Road, Ste. 201
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bancroft Bldg. Bancroft Bldg.

4. City & State **City & State**
 Wilmington, DE Wilmington, DE
Zip **Country** **Zip** **Country**
 19810 19810 **DO NOT WRITE IN THIS SPACE**

4. FEI Number **Applied For**
 51-0313859 **Not Applicable**
5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Florida Incorporators, Inc.
 1221 Brickell Ave. Ste. 900
 Miami, FL 33131

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 **DATE**
Signature, typed or printed name of registered agent and client applicable. (NOTE: Registered Agent signature required when reinstating) 5/1/2001

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **(See criteria on back)**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GETTIER, JAMES R.		NAME	
STREET ADDRESS 9 DUNSWELL DRIVE		STREET ADDRESS	
CITY-ST-ZIP MIDDLETOWN DE 19709		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOUIS N. MANERCHIA		NAME	
STREET ADDRESS 3214 HEATHWOOD ROAD		STREET ADDRESS	
CITY-ST-ZIP WILMINGTON DE 19810		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 addendum submitted with this report.

SIGNATURE **DATE**
 Louis N. Manerchia, President 5/1/01 (302)652-2700