

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90011 001 ***550.00

0443377

DOCUMENT # F00000002181

1. Entity Name

AVONWOOD CAPITAL CORPORATION

Principal Place of Business

532 AVONWOOD ROAD
 HAVERFORD PA 19041

Mailing Address

532 AVONWOOD ROAD
 HAVERFORD PA 19041

2. Principal Place of Business

532 Avonwood Road

3. Mailing Address

532 Avonwood Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haverford PA

City & State

Haverford PA

4. FEI Number

23-2794070

Applied For

Not Applicable

Zip

19041

Country

Delaware

Zip

19041

Country

Delaware

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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!
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	PCD	<input type="checkbox"/> Delete
NAME	PORTER, JAMES W JR.	
STREET ADDRESS	532 AVONWOOD ROAD	
CITY-ST-ZIP	HAVERFORD PA 19041	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELLI, SAMUEL B	
STREET ADDRESS	310 STANTON ROAD	
CITY-ST-ZIP	GLEN MILLS PA 19342	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUDIOSO, CHARLES	
STREET ADDRESS	334 KENNET PIKE	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerers.

SIGNATURE:

James W Porter Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Porter Jr. 2/6/01 610.558.2720
 Date Daytime Phone #
Chairman

CR2E034 (10/00)