

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 11, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000002407**1. Entity Name
BRANDYWINE CONSTRUCTION & MANAGEMENT, INC.**Principal Place of Business**

1609 WALNUT STREET

PHILADELPHIA
19103

PA

Mailing Address

1609 WALNUT STREET

PHILADELPHIA
19103

PA

2. Principal Place of Business

1521 LOCUST STREET

Suite, Apt. #, etc.
4TH FLOORCity & State
PHILADELPHIA

PA

Zip
19102

Country

3. Mailing Address

1521 LOCUST STREET

Suite, Apt. #, etc.
4TH FLOORCity & State
PHILADELPHIA

PA

Zip
19102

Country

4. FEI Number**23-2662848**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MUNROE W. BRADLEY**
239 E VIRGINIA ST**TALLAHASSEE**
32301

FL

US

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)

07/11/2001

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 \$150.00****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 NAME STREET ADDRESS CITY-ST-ZIP	<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
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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	VST BERMAN MARK 1521 LOCUST STREET, 4TH FLOOR PHILADELPHIA PA 19102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ESWORTHY MARC 1521 LOCUST STREET, 4TH FLOOR PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAUFFMAN ADAM 1521 LOCUST STREET, 4TH FLOOR PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COHEN EDWARD E 1521 LOCUST STREET, 4TH FLOOR PHILADELPHIA PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: Adam Kauffman

DP

07/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)