

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005078

1. Entity Name
BIGCHALK.COM, INC.

Principal Place of Business
900 WEST VALLEY ROAD, SUITE 1000
WAYNE, PA 19087

Mailing Address
900 WEST VALLEY ROAD, SUITE 1000
WAYNE, PA 19087

2. Principal Place of Business

1000 Chesterbrook Blvd
Suite III

3. Mailing Address

1000 Chesterbrook Blvd
Suite III

City & State
Berwyn, PA

City & State
Berwyn, PA

Zip Country
19312 Chester

Zip Country
19312 Chester

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: 06/14/01
FEE: \$150.00

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	PD	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN J JR.	
STREET ADDRESS	900 WEST VALLEY ROAD, SUITE 1000	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	V	<input type="checkbox"/> Delete
NAME	KURSHAN, BARBARA	
STREET ADDRESS	10 EAST CHURCH STREET	
CITY-ST-ZIP	ROANOKE VA 24011	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARMAN, SUSAN	
STREET ADDRESS	3270 BLAZER PARKWAY, SUITE 202	
CITY-ST-ZIP	LEXINGTON KY 40509	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROEMER, JAMES P	
STREET ADDRESS	5215 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL 60077	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, JOSEPH P	
STREET ADDRESS	300 NORTH ZEEB ROAD	
CITY-ST-ZIP	ANN ARBOR MI 48103-4316	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHANSON, NILS	
STREET ADDRESS	5215 OLD ORCHARD ROAD	
CITY-ST-ZIP	SKOKIE IL 60077	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric W. Ober	
STREET ADDRESS	415 E. 52nd St., Apt. 13cc	
CITY-ST-ZIP	New York, NY 10022	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael EVANS	
STREET ADDRESS	179 Clarence Rd.	
CITY-ST-ZIP	Scarsdale, NY 10583	
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		
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 empowered.

SIGNATURE: Michael Evans, Sec. 5-29-01 610-699-5158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 JUN -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3026960 Applied For Not Applicable

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

CR2E034 (10/00)

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BOARD MEMBERS

Lloyd N. Morrisett

William E. (Bill) Oberndorf

Mark L. Rienstra

Joseph Reynolds

James P. Roemer

Oakliegh Thorne

George Jenkins

Nils A. Johansson

David Van Ripper (Van) Morris

Robert Takeuchi

Alan W. Aldworth

Susan Harman

Jack Lynch

Barbara Kurshan

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA