

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90151 020 ***150.00

05/7/02 AT

DOCUMENT # F00000005288

1. Entity Name

EXELON INFRASTRUCTURE SERVICES OF PENNSYLVANIA, INC.

Principal Place of Business

**200 YALE AVENUE
MORTON PA 19070**

Mailing Address

**200 YALE AVENUE
MORTON PA 19070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-3003799

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **CD**
STREET ADDRESS **CUCCHI, GREGORY A**
CITY-ST-ZIP **1310 BRIGHTON WAY
NEWTON SQUARE PA 19073**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **George H. Gilmore**
CITY-ST-ZIP **200 Yale Ave
Morton, PA 19070**

TITLE ☒ Delete
NAME **PTD**
STREET ADDRESS **TURNER, DAVID C**
CITY-ST-ZIP **3073 SUNNY AYRE DRIVE
LANSDALE PA 19046**

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Paul Eisenhuth**
CITY-ST-ZIP **200 Yale Ave
Morton, PA**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **MURPHY, GARY W**
CITY-ST-ZIP **5 BERKSHIRE TERRACE
WAYNE PA 19087**

TITLE ☒ Change ☐ Addition
NAME **Exec V.P.**
STREET ADDRESS **David C. Turner**
CITY-ST-ZIP **3073 Sunny Ayre Dr.
Lansdale, PA 19046**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **ROERIG, KIMBERLY**
CITY-ST-ZIP **510 WILDFLOWER LN
MEDIA PA 19063**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Terence R. Montgomery**
CITY-ST-ZIP **1245 Long Meadow Rd.
Boothwyn, PA 19061**

TITLE ☒ Delete
NAME **AT**
STREET ADDRESS **SHICORA, GEORGE R**
CITY-ST-ZIP **402 HIDDEN VALLEY ROAD
MEDIA PA 19063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DIKTER, HARVEY B**
CITY-ST-ZIP **38 QUAKER STREET
MALTON NJ 08053**

TITLE ☐ Change ☐ 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: *Harvey B Dikter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

(610) 690-6482
Daytime Phone #

CR2E034 (9/01)