

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90001 004 \*\*\*550.00

0132 37 AT

**DOCUMENT # F00000006555**

1. Entity Name

VILLANOVA DISTRIBUTION SERVICES, INC.

Principal Place of Business

1200 RIVER ROAD  
 CONSHOHOCKEN PA 19428

Mailing Address

1200 RIVER ROAD  
 CONSHOHOCKEN PA 19428

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1200 River Rd

Suite, Apt. #, etc.

Attn: Michael Policarpo

City & State

City & State  
 Conshohocken PA

Zip

Country

Zip

19428

Country

4. FEI Number

42-1341874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PCEO ☐ Delete  
 NAME HONDROS, PAUL J  
 STREET ADDRESS 1200 RIVER ROAD  
 CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE VD ☐ Delete  
 NAME DONATELL, JAMES R  
 STREET ADDRESS 1200 RIVER ROAD  
 CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE V ☐ Delete  
 NAME NOWAK, GREGORY J  
 STREET ADDRESS 1200 RIVER ROAD  
 CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE V ☐ Delete  
 NAME HOLLAND, GERALD J  
 STREET ADDRESS 1200 RIVER ROAD  
 CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE V ☒ Delete  
 NAME KULKARNI, DILIP S  
 STREET ADDRESS 1200 RIVER ROAD  
 CITY-ST-ZIP CONSHOHOCKEN PA 19428

TITLE VD ☒ Delete  
 NAME LAIRD, JAMES F JR.  
 STREET ADDRESS 1200 RIVER ROAD  
 CITY-ST-ZIP CONSHOHOCKEN PA 19428

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Change ☒ Addition  
 NAME Thomas M. Sipp  
 STREET ADDRESS 1200 River Rd  
 CITY-ST-ZIP Conshohocken PA 19428

TITLE V ☐ Change ☒ Addition  
 NAME William Miller  
 STREET ADDRESS 1200 River Rd  
 CITY-ST-ZIP Conshohocken PA 19428

TITLE V ☐ Change ☒ Addition  
 NAME Donald J. Pepin, Jr.  
 STREET ADDRESS 1200 River Rd  
 CITY-ST-ZIP Conshohocken PA 19428

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

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/01

484-530-1915

CR2E034 (5/01)