

2002 UNIFORM BUSINESS REPORT (UBR)

07-09-2002 90379 006 ***150.00
F00000006776

FILED

02 AUG -9 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00160020



DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000006776

1. Entity Name
ALTI INC.

Principal Place of Business
285 GREAT VALLEY PARKWAY
MALVERN PA 19355

Mailing Address
285 GREAT VALLEY PARKWAY
MALVERN PA 19355

2. Principal Place of Business
102 PICKERING WAY, SUITE 403
Suite, Apt. #, etc.

3. Mailing Address
102 PICKERING WAY
Suite, Apt. #, etc.

City & State
EXTON PA

City & State
EXTON PA

4. FEI Number 51-0394025

Applied For
Not Applicable

Zip Country
19341 CHESTER

Zip Country
19341 CHESTER

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/02
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 NAME STREET ADDRESS CITY-ST-ZIP	P COLLEVECCHIO, ALEXANDER 285 GREAT VALLEY PARKWAY MALVERN PA 19355	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBSTER, KEVIN S 1334 TIMBERLANE RD TALLAHASSEE FL 32312	<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
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"/> 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: *[Signature]* REQUIRED

7/1/02

610-647-6000

CR2E034 (9/01)