2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000003702

Address:

City-St-Zip:

121 W. MAIN ST.

MAPLE SHADE, NJ 08052

Oct 27, 2004 Secretary of State

Entity Name: REMEDIAL DESIGN, INC. **Current Principal Place of Business: New Principal Place of Business:** 190 W. GERMANTOWN PIKE, SUITE 160 NORRISTOWN, PA 19401 **Current Mailing Address: New Mailing Address:** 190 W. GERMANTOWN PIKE, SUITE 160 NORRISTOWN, PA 19401 FEI Number: 23-2883699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANHAM, DOUG 2200 BAYSHORE BLVD. DUNEDIN, FL 34698 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DUS, WALTER F Name: Name: 2829 INVERNESS CIR., S.E. Address: Address: City-St-Zip: SOUTHPORT, NC 28461 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: SMITH, TIMOTHY G Name: 114 WINDY HOLLOW DR. Address: Address: PHOENIXVILLE, PA 19460 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SMITH, TIMOTHY G Name: Name: 114 WINDY HOLLOW DRIVE Address: Address: City-St-Zip: PHOENIXVILLE, PA 19460 City-St-Zip: Title: () Delete Title: () Change () Addition FEINBERG, MICHAEL W Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL W. FEINBERG TD 10/27/2004