

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90228 026 ***150.00

DOCUMENT # F01000004511			
1. Entity Name CROMPCO CORPORATION OF PA			
Principal Place of Business 1201 DEKALB PIKE BLUE BELL PA 19422		Mailing Address 1201 DEKALB PIKE BLUE BELL PA 19422	
2. Principal Place of Business 1815 Gallagher Rd		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plymouth Meeting Pa		City & State	
Zip 19462	Country Montg	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0289055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE 125 CORAL GABLES FL 33146		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARFAGNO, CARMEN S 315 AT ANDREWS PLACE BLUE BELL PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. Carmen S. Carfagno 1815 Gallagher Rd Plymouth Meeting Pa 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEDANO, CHARLES J 846 FULTON AVE LANSDALE PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Charles J Pedano 1815 Gallagher Rd Plymouth Meeting Pa 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)