2003 FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # F0100006388 Embytanes of Business Mailing Address 1055 ARTHOLOGY ITEL AMERICAS 1056 ARTHOLOGY ITEL AMERI		1111 O 11W D O 0 111 D		1031		A 05 05 3003 C	11150 A41 ***15	0.00		
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Cey & State City & State Cit	Principal Place of Business 3. Mailin		3. Mailing Address	Mailing Address						
The Above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds, in the State	Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The South Name and Address of New Registered Agent 8. The South Name and Address of New Registered Agent 8. The South Name and Address of New Registered Agent 9. Name Address of Note, in the State of Portal, in the State of Portal Agent, in the State of Portal Agent	City & State		City & State							
CT CORPORATION SYSTEM 1200 SOUTH PINE (SLAND ROAD PLANTATION, FL 33324 City FL Zip Code	Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Ad	ditional ed		
Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code a. 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 sum familier with, and accept the obligations of registered agent. SIGNATURE SIGNAT		6. Name and Address of Current R	egistered Agent	 , -		7. Name and Address of New Re	gistered Agent			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. The above named entity submits this disternent for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symuth, the list is a 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of Florida. I am familiar with and accept the proper of Florida. I am familiar with and accept the proper of Florida Department of State of Florida. 111.				Nar						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Comparison of registered agent or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.	1200 SOUTH PINE ISLAND ROAD			Stre	Street Address (P.O. Box Number is Not Acceptable)					
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Philadelphia PH 19103		· · · · · · · · · · · · · · · · · · ·	UOM 3836	4		Arch Street, 15	TOOL Floor	}		
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indicated on this report or supplied win this lining does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

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