FILED

Aug 15, 2003 8:00 am Secretary of State

08-15-2003 90086 019 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F02000001400 **DOCUMENT #**

1. Entity Name

USI COLE	BURN INSURANCE SERV	ICE, INC.					
Principal Place of Business ONE INTERNATIONAL PLAZA. #400 PHILADELPHIA PA 19113		Mailing Address ONE INTERNAT PHILADELPHIA	ional Plaza. #4	400	89138957		
2. Principal Place of Business		3. Mailing Addre	ess				58 ()) 58 () { 58 (
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 23-1418328 Applied For Not Applica		oplied For ot Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
C-T-CORPORATION:SYSTEM			<u> </u>	Street Address	Idress (P.O. Box Number is Not Acceptable)		
	JTH PINE ISLAND ROAD ON FL 33324			<u> </u>			
			Ci			FL Zip Cod	.e
	named entity submits this statementions of registered agent.	t for the purpose of cha	anging its registe	ered office or registe	red agent, or both, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Registe	red Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					9. Election Campaign Fir Trust Fund Contributio		00 May Be
10.	OFFICERS AL	ND DIRECTORS	11		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KREITZRERG DOLIGIAS W	20 Gradaville	elete TII	ILE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/GITANGES TO OFF	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, WILLIAM I 108 GRATESHEAD WAY PHOENIXVILLE PA 19460		elete TIT NA ST	TLE ME REET ADDRESS TY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, JOSEPH 1198 KILLARNEY LANE WEST CHESTER PA 19382	□ D	<u>NA</u>	TLE ME REET ADDRESS TY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D	NA ST	TLE ME REET ADDRESS IY-ST-ZIP		. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D ₁	, na sti	LE ME REET ADDRESS IY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS			NA	LE ME REET ADDRESS		☐ Change	☐ Addition

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 an other key empowered.

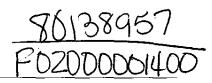
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNUX REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





One International Plaza, 4th Floor Philadelphia, PA 19113

(610) 833-1800 1800-COLBURN Fax (610) 833-1829 www.colburn.com

August 4, 2003

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: Uniform Business Report

Document #F02000001400

USI Colburn Insurance Service, Inc.

To Whom It May Concern:

The attached report is the first report that our corporation has received.

We are enclosing a check for \$150.00 and the completed Uniform Business Report.

If you have any questions regarding this report please contact Lori Meehan at 800-265-2876 ext. 3036.

Sincerely

Douglas Kreitzberg

President

DK/lm

Encl.

