

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000002830

FILED
Feb 06, 2003
Secretary of State

Entity Name: PLANCO INCORPORATED

Current Principal Place of Business:

1500 LIBERTY RIDGE DR., STE. 100
WAYNE, PA 190875592

New Principal Place of Business:

Current Mailing Address:

1500 LIBERTY RIDGE DR., STE. 100
WAYNE, PA 190875592

New Mailing Address:

FEI Number: 23-2079123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD, STE. 250
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOY, DAVID THOMAS
Address: 200 HOPMEADOW ST.
City-St-Zip: SIMSBURY, CT 06089

Title: D () Delete
Name: MARRA, THOMAS MICHAEL
Address: 200 HOPMEADOW ST.
City-St-Zip: SIMSBURY, CT 060895592

Title: DP () Delete
Name: WALTERS, JOHN CLINTON
Address: 200 HOPMEADOW ST.
City-St-Zip: SIMSBURY, CT 060895592

Title: VP () Delete
Name: ALDOUS, WILLIAM A
Address: 1500 LIBERTY RIDGE DR., STE. 100
City-St-Zip: WAYNE, PA 190875592

Title: VP () Delete
Name: CRAIG, JOHN P JR
Address: 1500 LIBERTY RIDGE DR., STE. 100
City-St-Zip: WAYNE, PA 190875592

Title: VP () Delete
Name: BOSCO, PATRICIA A
Address: 1500 LIBERTY RIDGE DR., STE. 100
City-St-Zip: WAYNE, PA 190875592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REPASY, CHRISTINE H
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, CT 06089

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTINE HAYER REPASY

S

02/06/2003

Electronic Signature of Signing Officer or Director

Date