

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91559 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F82345

1. Entity Name

STORER DISBURSEMENTS, INC.

Principal Place of Business

1401 NORTHPOINT PARKWAY
2ND FLOOR
WEST PALM BEACH FL 33407

Mailing Address

1500 MARKET ST.
36TH FLOOR
PHILADELPHIA PA 19102-2148

2. Principal Place of Business

1500 Market Street

3. Mailing Address

Suite, Apt. #, etc.

36th Floor

Suite, Apt. #, etc.

City & State

Philadelphia, PA

City & State

Zip

19102-2148

Country

US

Zip

Country

4. FEI Number

59-2191584

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BURKE, STEPHEN B	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, LAWRENCE S	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ALCHIN, JOHN	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	C	<input type="checkbox"/> Delete
NAME	ROBERTS, RALPH	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Stephen Backstrom

Date

Daytime Phone #

215 981-7557

CR2E034 (9/01)