2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F93000001595 FISHER MANAGEMENT COMPANY 04-11-2001 90033 013 ***158.75 Principal Place of Business Mailing Address 2101 OREGON PIKE PO BOX 5200 110042838 LANCASTER PA 17606-5200 LANCASTER PA 17601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-2672788 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAW, ESQ, TIMOTHY S Street Address (P.O. Box Number is Not Acceptable) KIRK PINKERTON 720 S. ORANGE AVENUE SARASOTA FL 34236 City 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. (NOTE: Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CASD Change Addition TITLE ☐ Delete TITLE FISHER JR. J H NAME 2101 OREGON PIKE SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 ☐ Delete TITLE Change ☐ Addition TiTLE JORDAN, DENNIS W NAME 2101 OREGON PIKE SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 TSD ☐ Delete TITLE Addition TITLE FISHER, DONA L NAME NAME STREET ADDRESS 2101 OREGON PIKE SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 ☐ Delete TITLE Change Addition TYFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete TITLE ☐ Change Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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 his 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 the empowered.

J. H. Fisher, Jr.

RE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

717-519-5200

Daytime Phone #

32E034 (10/00)