FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9300001595 1. Entity Name FISHER MANAGEMENT COMPANY /				Apr 28, 2002 8:00 am Secretary of State 04-28-2002 90775 036 ***158.75
Principal Place of Business 2101 OREGON PIKE LANCASTER PA 17601 US		Mailing Address PO BOX 5200 LANCASTER PA 17606-5200 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For - Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired X \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
SHAW, ESQ, TIMOTHY S KIRK PINKERTON 720 S. ORANGE AVENUE			Street Addres	s (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236			City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who 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 \$5.00 May Be
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASD FISHER JR, J H 2101 OREGON PIKE SUITE 300 LANCASTER PA 17601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, DENNIS W 2101 OREGON PIKE SUITE 300 LANCASTER PA 17601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FISHER, DONA L 2101 OREGON PIKE SUITE 300 LANCASTER PA 17601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

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. HADELAR QUIREDJ. Herbert Fisher, Jr.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

717-519-5200

Daytime Phone #