2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002087 1. Entity Name CITADEL FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 3001 LINCOLN DR W 3001 LINCOLN DR

FILED Jan 24, 2001 8:00 am Secretary of State 01-24-2001 90082 015 ***150.00

MARLTON NJ O US	8053	MARLTON NJ 08053 US)	
2. Principal F	Place of Business	3. Mailing Address								<u> </u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS	SPACE	
City & Stat	e	City & State			4 . F	El Number	52-1641505		<u> </u>	pplied For
Zip	Country Zip		Counti	ountry 5.		Certificate of	Status Desired		\$8.75 Ad	ditional
	6. Name and Address of Current F	• -	ंचें क	7. N	lame and Ad	dress of New R	egistered /	Agent		
				Name		-				
TOBER, JOHN E 1404 BRICKELL AVE SUITE 340 MIAMI FL 33131				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Coo	et
	named entity submits this statement for	the purpose of changing its	registere	d office or registe	ered age	ent, or both,	in the State of Flo	orida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature require	ed when rei	instating)		DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			ate		on Campaign Fin Fund Contributio			OO May Be d to Fees
11. OFFICERS AND DIRECTORS				<u>-</u>	ΑĎ	DITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	DCP	☐ Delete							☐ Change	☐ Addition
NAME	GORENBERG, CHARLES L		NAME							}
STREET ADDRESS	3001 LINCOLN DR W, STE B		STREE	T ADDRESS						1
CITY-ST-ZIP	MARLTON NJ 08053		CITY-	ST-ZIP						
TITLE	DVCT	☐ Delete	TITLE				•		☐ Change	☐ Addition
NAME	FRANK, SEYMOUR		NAME	J						J
STREET ADDRESS	3001 LINCOLN DR W, STE B			T ADDRESS						
CITY-ST-ZIP	MARLTON NJ 08053		CITY-	ST-ZIP						
TITLE .	DS	Delete	TITLE				• • • • •	·	Change	☐ Addition
NAME	BREYLEY, RICHARD		NAME	-						ĺ
STREET ADDRESS	75 HADDON AVE, SUITE 100			T ADDRESS						
CITY-ST-ZIP	HADDONFIELD NJ 08033		CITY-	S1-ZIP						
TITLE	D	☐ Delete	TITLE)					☐ Change	☐ Addition
NAME OTREST LIBRIDGE	MCGANN, DENISE		NAME							
STREET ADDRESS CITY-ST-ZIP	49 DI'S COURT		CITY-	F ADDRESS						
	SEWELL NJ 08080			51-217						
TITLE	D IOUN I	Delete	TITLE				•		☐ Change	☐ Addition
NAME STREET ADDRESS	FISCHER, JOHN J 3226 COTTMAN AVE	/	NAME	F ADDRESS						}
CITY-ST-ZIP	PHILADELPHIA PA 19149		CITY-	1			•			
	FRILADELFRIA PA 19149	/ Date:							Change	Addition
TITLE NAME		☐ Delete	, TITLE Name						☐ Change	Addition
STREET ADDRESS		•		r address						
CITY-ST-ZIP			CITY-S	I						
	certify that the information supplied with	his filing does not qualify for			ection 1	19.07(3)(i) I	Florida Statutes I	further cert	lify that the i	ntormation
ingligated	on this report or supplemental report is	rue and accurate and that a	mu nin-ati	re chall being the			a if made under a	andle short I a		

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.