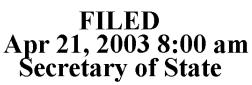
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Nam		00002695		04-21-2003 90307 041 ***150.00
Principal Place of Business 2622 AUDUBON RD AUDUBON PA 19403 US		Mailing Address 2622 AUDUBON RD AUDUBON PA 19403 US		
2. Principal F	Place of Business	3. Mailing Address	.) LOCATOR STILL COUNT OF STATE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 23-2853569 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
	·		Name	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Ad	ddress (P.O. Box Number is Not Acceptable)
PLANTAT	ION FL 33324			
	•		City	Zip Code
	<u> </u>			
	named entity submits this statement factions of registered agent.	or the purpose of changing its	registered office or 1	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signatur	re required when reinstating) DATE .
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
10.	OFFICERS AND	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JAMES R 4007 N. WARNER RD. LAFAYETTE HILL PA 19444	☐ Delete		President & Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, MICHAEL G 540 EAST MACADA ROAD BETHLEHEM PA 18017	☐ Celste	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST- KURTZ, JOHN R 2433 RIDGE RD ELVERSON PA 19520	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ———————————————————————————————————
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐

12. 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 10 or Block 11 if changed, or on an alternment with an address with all other like empowered.

SIGNATURE:

DJames R. Brown, President

4/15/03

610-666-7947

Daytime Phone #

CR2E034 (10/02)