

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001263

1. Entity Name
EAST BAY REALTY SERVICES, INC.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90075 017 ***150.00

Principal Place of Business
HERCULES PLAZA
WILMINGTON DE 19894

Mailing Address
HERCULES PLAZA
WILMINGTON DE 19894



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 51-0333230

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPT
NAME MACKENZIE, GEORGE ☒ Delete
STREET ADDRESS 360 HIGH RIDGE ROAD
CITY-ST-ZIP CHADDS FORD PA 19317

TITLE F.G. Aanonsen, VP & Controller ☐ Change ☐ Addition
NAME X
STREET ADDRESS 1313 N. Market St.
CITY-ST-ZIP Wilmington, DE 19894

TITLE P
NAME KEATON, ISAAC A ☐ Delete
STREET ADDRESS 607 MILTON DRIVE
CITY-ST-ZIP WILMINGTON DE 19802

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT
NAME JESTER, BRUCE W ☐ Delete
STREET ADDRESS 210 DEERGRASS ROAD
CITY-ST-ZIP HOCKESSIN DE 19707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME FLOYD, ISRAEL J ☐ Delete
STREET ADDRESS 5 BLUEBERRY COURT
CITY-ST-ZIP HOCKESSIN DE 19707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Bruce W. Jester **SIGNATURE REQUIRED** Bruce W. Jester, VP, Taxes 1/31/02 302-594-5866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)