**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am DOCUMENT # F95000002390 **Secretary of State** 1. Entity Name 03-13-2002 90147 033 \*\*\*150.00 TAMMAC FINANCIAL CORP. Mailing Address Principal Place of Business 100 COMMERCE BLVD. 100 COMMERCE BLVD. WILKES-BARRE PA 18702 WILKES-BARRE PA 18702 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 23-2345872 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)TITLE ☐ Delete TITLE ☐ Addition TAMBUR, ROBERT L NAME NAME CR2E034 STREET ADDRESS 1140 ROUTE 315 STREET ADDRESS WILKES-BARRE PA 18711 CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete TITLE Change Addition NAME ROOSA, ANDY G NAME STREET ADDRESS 100 COMMERCE BLVD. STREET ADDRESS CITY-ST-7IP WILKES-BARRE PA 18711 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ ROMANOWSKI, EDWARD S STREET ADDRESS STREET ADDRESS 1140 ROUTE 315 CITY-ST-ZIP CITY-ST-ZIP **WILKES-BARRE PA 18711** ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME LEVANDOSKI, EDMUND P NAME STREET ADDRESS STREET ADDRESS 100 COMMERCE BLVD. CITY-ST-ZIP WILKES-BARRE PA 18702 CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME. NAME STREET ADDRESS 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.

RAMOVERROSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/28/02

570-824-2510

Davtime Phone #