

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003377

1. Entity Name
UTI CORPORATION

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90025 042 ***150.00

Principal Place of Business
**200 W 7TH AVE
COLLEGEVILLE PA 19426**

Mailing Address
**200 W 7TH AVE
COLLEGEVILLE PA 19426-2112**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **23-1721795**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 | DCT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAINWAIRING, A. BRUCE | | NAME | | |
| STREET ADDRESS | 200 W 7TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COLLEGEVILLE PA 19426 | | CITY-ST-ZIP | | |
| TITLE | DPS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HATTERSLEY, GORDON B | | NAME | | |
| STREET ADDRESS | 200 W 7TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COLLEGEVILLE PA 19426 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AKER, J. BROOKE | | NAME | | |
| STREET ADDRESS | 60 E PENN ST, PO BOX 150 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORRISTOWN PA 19404 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | VERHOOG, CORNELIUS | | NAME | | |
| STREET ADDRESS | 200 W 7TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COLLEGEVILLE PA 19426 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AIKEN, BARRY | | NAME | | |
| STREET ADDRESS | 200 W 7TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | COLLEGEVILLE GA | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **Barry Aiken** **1/7/2000** **(610) 489-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)