

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90004 035 ***150.00

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1. Entity Name
UTI CORPORATION



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

Mailing Address
**200 W 7TH AVE
COLLEGEVILLE, PA 19426**

54025866



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

23-1721795

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FREED, ANDREW D
200 W 7TH AVE
COLLEGEVILLE, PA 19426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RON SPARKS
200 W. 7TH AVE.
COLLEGEVILLE PA 19426** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
ROGERS, BRUCE
1515 ARAPAHOE STREET
DENVER, CO 80202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NEUMANN, STEVE
1515 ARAPAHOE STREET
DENVER, CO 80202** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
AIKEN, BARRY
200 W 7TH AVE
COLLEGEVILLE, PA 19426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
STEWART A FISHER
200 W. 7TH AVE
COLLEGEVILLE PA 19426** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCFO
FISHER, STEWART A
200 W. 7TH AVE.
COLLEGEVILLE, PA 19426** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASAT
LEMKER, THOMAS F
200 W. 7TH AVE.
COLLEGEVILLE, PA 19426** ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

Thomas F. Lemker

THOMAS F. LEMKER

3/26/04

(610) 489-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #