

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90046 032 ***150.00

DOCUMENT # F95000004380

1. Entity Name
FACTICON, INC.

Principal Place of Business Mailing Address
2173 MACDADE BLVD - SUITE H **PO BOX 1179**
HOLMES PA 19043 **CHADDS FORD PA 19317**

C0020419



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 **23-2669212** 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

MILLER, TERESA
4736 FRANTZ COURT APT 9
WINTER PARK FL 32792

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 *Teresa Miller* (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	DARK, ALAN J	
STREET ADDRESS	105 PENN AVE.	
CITY-ST-ZIP	WILMINGTON DE 19809	
TITLE	V	<input type="checkbox"/> Delete
NAME	BULLOCK, JOHN F	
STREET ADDRESS	1201 DREXEL AVE	
CITY-ST-ZIP	DREXEL HILL PA 19026	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JENSEN, JAMES A	
STREET ADDRESS	1521 COLONIAL DR	
CITY-ST-ZIP	BOOTHWYN PA 19061	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alan J Dark* 1-31-01 Date Daytime Phone #

CR2E034 (10/00)