NAME       MURPHY, DERMOTT O       NAME         STREET ADDRESS       1717 ARCH ST. 29TH FLOOR       SIREET ADDRESS         CITY-ST-ZIP       PHILADELPHIA PA 19103       CITY-ST-ZIP         TITLE       AT       Delete       TITLE         NAME       KELLY, PAUL N       NAME         STREET ADDRESS       1717 ARCH STREET, 15TH FLOOR       NAME         STREET ADDRESS       1717 ARCH STREET, 15TH FLOOR       Change         CITY-ST-ZIP       PHILADELPHIA PA 19103       CITY-ST-ZIP         TITLE       AS       STREET ADDRESS         CITY-ST-ZIP       PHILADELPHIA PA 19103       CITY-ST-ZIP         TITLE       AS       Delete         STREET ADDRESS       1717 ARCH STREET, 15TH FLOOR       CITY-ST-ZIP         CITY-ST-ZIP       PHILADELPHIA PA 19103       CITY-ST-ZIP         TITLE       AS       Delete       TITLE         AS       Delete       TITLE       Change       Addition         NAME       GRAFTON, BARBARA E       NAME       NAME       STREET ADDRESS       1095 Avenue of the Americ CAS, Room 38 7 7         CITY-ST-ZIP       PHILADELPHIA PA 19103       CITY-ST-ZIP       New York, NY 100 36       New York, NY 100 36	DOCUN . Entity Name	UNIFORM BUSI 1ENȚ # F950000 ANTIC PERSONAL COMMUN	05288	יהו נט	DKJ		Apr 26, 2 Secretar 04-26-2001 90		8:00 f Sta		
Suite         Appl. #. etc.         Do Not Write In THIS SPACE           Cry 4. State         Lity 5. State         4. FEI Number         23 25696501         Appl. Country           Zip         Country         Zip         Country         3. Cut incuts of State of State State         1. Mane and Address of Current Registeric Agent         7. Nume and Address of New Registeric Agent <th colspan="2">17 ARCH STREET TH FLOOR IILADELPHIA PA 19103</th> <th colspan="3">1717 ARCH STREET 15TH FLOOR PHILADELPHIA PA 19103</th> <th colspan="5"></th>	17 ARCH STREET TH FLOOR IILADELPHIA PA 19103		1717 ARCH STREET 15TH FLOOR PHILADELPHIA PA 19103								
City & Sinte       Dity & State       4. HE Humber       22-2696501       Augusta Har         Zp       Country       Zp       Country       S. GetHiston of States Desert       States Desert       States Desert       States Desert       States Desert       Inter Applicable         C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND FRAD PLANTATION FL 33324       Name       Name       Name       States Desert       States Desert <t< th=""><th>. Principal Pla</th><th>ace of Business</th><th colspan="3">3. Mailing Address</th><th colspan="5" rowspan="2"></th></t<>	. Principal Pla	ace of Business	3. Mailing Address								
ZP         Country         ZP         Country         Stand Desired         Stand Desir	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.								
Zip         Country         Zip         Country         6. Certification of Status Desired         S8.75 Anothomic Requiring           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           C T CORPORATION SYSTEM 1200 SOUTH PIRE ISLAND ROAD PLANTATION FL 33324         Give Address (P.O. Box Number is Not Acceptable)         24p           City         [FL]         Zip Code         37red Address (P.O. Box Number is Not Acceptable)         24p           B. The above named antly submits this statement for the purpose of changing its regenered office or registered agent, or both. In the State of Portical Testing regeneration and relation to all obs. (Box Office Instance)         00%         10. Election Carriagan Finance (P.O. Box Number is Not Acceptable)         Address (P.O. Box Number is Not Acceptable)           9. This conceptable         State MAY 11, 201 File will be 8530.00 (Box Office Instance)         10. Election Carriagan Finance (P. State of Portice SADD DirectOrIns MY) Test Fund Corring and Portice SADD DirectOrIns MY         Address (P.O. Box Number is Not Acceptable)         Address (P.O. Box Number is Not Acceptable)           11.         City CSD mater fund Status DirectOrIns MY         Int Ele NOW!!! Feel S 1510.00 Make Correct AND DirectOrIns MY         Int Ele NOW!!! Feel State of Proces AND DirectOrIns MY         Address (P.O. Box Number is Not Acceptable)         Address (P.O. Box Number is Not Acceptable)           11.         City CSD HELE NOW!!! Accept A	City & State		City & State								
C. Name and Address of Current Registered Agent     C. T. CORPORATION SYSTEM     1200 SOUTH PINE ISLAND ROAD     PLANTATION FL S324     Development of a decide to same the submets this statement for the purpose of changing its registered office or registered agent, or tech. In the State of Florida.     Car	Zip	Country	Zip	Country		<b>5.</b> C	ertificate of Status Desired		8.75 Addi	tional	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL SLAND ROAD PLANTATION FL SLAND ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROA		6. Name and Address of Current	Registered Agent		2000	7. N	ame and Address of New Re		·		
PLANTATION FL 33324  PLANTATION FL 33324      City     Fill     Zip Code      City     Fill     City     Fill     Zip Code      City     Fill     City     City     Fill     City     Fill     City     Fill     City     City     City     Fill     City     Ci											
City       File       Zip Code         3. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Portal         SIGNATURE						, .U. B(	ov Homber is not Acceptable.			<u> </u>	
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ITTLE VCSD   Delete TTTLE AAGCIGE AAGC	Tax filing re (See criteri	equirement and elects to do so.	After MAY 1, 2 Make Check Paya	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			Trust Fund Contribution. Added to Fees				
TITLE       DTAS       Delete       TITLE       Intle       Intle       Intle       Addition         NAME       RIDGE, GARY C       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       CTY - ST - ZP       Change       Addition         STREET ADDRESS       TITLE       DC       Delete       Intle       Change       Addition         NAME       MURPHY, DERMOTT O       Delete       Intle       Change       Addition         STREET ADDRESS       T17 ARCH ST. 29TH FLOOR       Delete       Intle       Change       Addition         STREET ADDRESS       T171 ARCH ST. 29TH FLOOR       Delete       Intle       Change       Addition         NAME       MURPHY, DERMOTT O       STREET ADDRESS       CTY - ST - ZP       Change       Addition         TITLE       AT       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CTY - ST - ZP       Change       Addition         VITY - ST - ZP       PHILADELPHIA PA 19103       CTY - ST - ZP       Change       Addition         NAME       STREET ADDRESS       CTY - ST - ZP       Change       Addition         ITTLE       AS       Delete       Intle       NAME       Change       Ad	title NAME Street address	VCSD HEIMANN, STEPHEN B 1717 ARCH STREET, 32ND FLO	Delete	TITLE NAME STREET AC			DITIONS/CHANGES TO OFT				
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NAME     KELLY, PAUL N       STREET ADDRESS     1717 ARCH STREET, 15TH FLOOR       CITY-ST-ZIP     PHILADELPHIA PA 19103       TITLE     AS       NAME     GRAFTON, BARBARA E       1717 ARCH ST. 32ND FLOOR     Delete       1717 ARCH ST. 32ND FLOOR     STREET ADDRESS       1717 JTLE     Delete       111LE     Ne	NAME STREE¥ ADDRESS	Murphy, dermott o 1717 Arch St. 29th Floor	Delete	NAME STREET AI					Change	Addition	
NAME     GRAFTON, BARBARA E       STREET ADDRESS     1717 ARCH ST. 32ND FLOOR       CITY-ST-ZIP     PHILADELPHIA PA 19103       TITLE     Delete       NAME     Delete       STREET ADDRESS     CITY-ST-ZIP       INILE     Inilia       NAME     STREET ADDRESS       CITY-ST-ZIP     Delete       INILE     Inilia       NAME     STREET ADDRESS       CITY-ST-ZIP     Inilia       Inilia     Inilia       Inilia <t< td=""><td>NAME STREET ADDRESS</td><td>KELLY, PAUL N 1717 ARCH STREET, 15TH FLO</td><td></td><td>NAME STREET A</td><td>i</td><td></td><td></td><td></td><td>Change</td><td>Addition</td></t<>	NAME STREET ADDRESS	KELLY, PAUL N 1717 ARCH STREET, 15TH FLO		NAME STREET A	i				Change	Addition	
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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	NAME STREET ADDRESS		Delete	NAME STREET A	DDRESS				Change	Additio:	
	indicated of the co	d on this report or supplemental report rporation or the receiver or trustee em	is true and accurate and that powered to execute this repo	at my signature ort as required	shall have th	e same	denal effect as if made under	oath: that L	am an office	r or director	