

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0620272 AT

04-08-2002 90160 001 \*\*\*450.00

**DOCUMENT # F95000005941**

1. Entity Name  
**THE HYMAN COMPANIES, INC.**

Principal Place of Business <b>833 NORTH 13TH STREET ALLENTOWN PA 18101</b>	Mailing Address <b>833 NORTH 13TH STREET ALLENTOWN PA 18101</b>
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2. Principal Place of Business <b>727 N. MEADOW ST.</b>	3. Mailing Address <b>727 N. MEADOW ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>ALLENTOWN PA</b>	City & State <b>ALLENTOWN PA</b>	4. FEI Number <b>23-2814821</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>18102</b>	Country <b>USA</b>	Zip <b>18102</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		<b>FL</b>	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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>PC HYMAN, NAT L</b>	<input type="checkbox"/> Delete	TITLE NAME <b>PRESIDENT / DIRECTOR NAT L. HYMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>833 NORTH 13TH STREET</b>		STREET ADDRESS <b>727 N. MEADOW ST.</b>	
CITY-ST-ZIP <b>ALLENTOWN PA 18101</b>		CITY-ST-ZIP <b>ALLENTOWN, PA 18102</b>	
TITLE NAME <b>S HYMAN, MINA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>833 NORTH 13TH STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALLENTOWN PA 18101</b>		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **REQUAED HYMAN, PRES.** Date: **3/28/02** Daytime Phone #: **610-433-4114**

CP2E034 (9/01)