FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 27, 2003 8:00 am Secretary of State F96000000249 DOCUMENT # 01-27-2003 90337 031 ***150.00 1. Entity Name DANIEL J. KEATING CONSTRUCTION COMPANY Principal Place of Business Mailing Address ONE BALA AVE., STE. 400 LEGAL DEPT. 90011219 BALA CYNWYD PA 19004 ONE BALA AVENUE, STE. 400 BALA CYNWYD PA 19004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 23-2009902 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DCEO** TITLE ☐ Delete ☐ Addition TITLE ☐ Change KEATING, DANIEL J III NAME NAME ONE BALA AVE., STE. 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BALA CYNWYD PA 19004** CITY-ST-7IP ☐ Delete TITLE VTD TITLE ☐ Change ☐ Addition NAME NAME COCCHIA, PETER T STREET ADDRESS ONE BALA AVE., STE. 400 STREET ADDRESS CITY-ST-ZIP BALA CYNWYD PA 19004 CITY-ST-ZIP **VSD** Addition TITLE ☐ Delete TITLE ☐ Change NAME MARTIN, DENNIS A NAME STREET ADDRESS STREET ADDRESS ONE BALA AVE., STE. 400 CITY-ST-ZIP BALA CYNWYD PA 19004 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STATLER, BRADLEY W NAME NAME ONE BALA AVE SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BALA CYNWYD PA 19004 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete □ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 be 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUEXECUTive Vice President

1/21/03

Date

610-668-4100

Daytime Phone #