

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90105 043 \*\*\*150.00

**DOCUMENT # F96000000379**

1. Entity Name

**LEADER DATA PROCESSING INC.**

Principal Place of Business

Mailing Address

PO BOX 0  
HAZLETON PA 18201

PO BOX 0  
HAZLETON PA 18201-0058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-1693805**

Applied For

Not Applicable

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.

SIGNATURE \_\_\_\_\_

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

(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.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, CHARLES J	NAME	
STREET ADDRESS	1325 E CHESTNUT ST	STREET ADDRESS	
CITY-ST-ZIP	HAZLETON PA 18201	CITY-ST-ZIP	
TITLE	VD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, GEORGE L	NAME	
STREET ADDRESS	RD #2, BOX 119C	STREET ADDRESS	35 COLONY DR
CITY-ST-ZIP	WEATHERLY PA 18244	CITY-ST-ZIP	HAZLETON PA 18201
TITLE	STD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCATO, FRANK P JR.	NAME	
STREET ADDRESS	RR 2/1251 BOX 0	STREET ADDRESS	15 Coventry Road
CITY-ST-ZIP	DRUMS PA	CITY-ST-ZIP	Drums, Pa 18222
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, DAVID	NAME	
STREET ADDRESS	2827 ROYSTON PLACE	STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATRICCINO, DANIEL	NAME	
STREET ADDRESS	RR 2 BOX 1250	STREET ADDRESS	3 COVENTRY ROAD
CITY-ST-ZIP	DRUMS PA	CITY-ST-ZIP	DRUMS, PA 18222
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

Date

Daytime Phone #

**570-455-8511**

CR2E034 (9/99)