

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90063 024 ****61.25

DOCUMENT # F96000001596

1. Entity Name

THOMAS JEFFERSON UNIVERSITY, INCORPORATED

Principal Place of Business

Mailing Address

11TH & WALNUT STREETS
 PHILADELPHIA PA 19107

1020 WALNUT STREET
 620 SCOTT BUILDING
 PHILADELPHIA PA 19107-5567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1352651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK, JOON H
7925 N.W. 12TH STREET, STE 125
MIAMI FL 33126

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE NAME Delete
T
SCHMID, RICHARD J
 STREET ADDRESS **6TH FLOOR SCOTT BLDG., 1020 WALNUT ST.**
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

TITILE NAME Change Addition
See attached sheets

TITILE NAME Delete
V
SULLIVAN, JOHN P
 STREET ADDRESS **6TH FL., SCOTT BLDG., 1020 WALNUT ST.**
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

TITILE NAME Change Addition

TITILE NAME Delete
SD
MONNIER, JOHN
 STREET ADDRESS **1025 WALNUT STREET / 103 COLLEGE**
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

TITILE NAME Change Addition

TITILE NAME Delete
TD
VALOSKY, KENNETH
 STREET ADDRESS **5TH FL., SCOTT BLDG., 1020 WALNUT ST.**
 CITY-ST-ZIP **PHILADELPHIA PA 19107**

TITILE NAME Change Addition

TITILE NAME Delete

TITILE NAME Change Addition

TITILE NAME Delete

TITILE NAME Change Addition

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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/00

Date

(215-503-0794)

Daytime Phone #

CRZE037 (9/99)