

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 96 000003980

1. Entity Name *HR Logic West, Inc.*

1062
FILED

00 APR 25 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

4222 E. Thomas Rd.

2621 VAN BUREN AVE.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite 400

City & State

City & State

Phoenix, AZ

NORRISTOWN PA

Zip

Country

Zip

Country

85018

19403

USA

4. FEI Number

86-0552148

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

CT 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 of the named entity or registered agent and date of filing

NOTE: Registered Agent's signature is not required

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

TITLE ☒ Change
NAME
STREET ADDRESS
CITY-ST-ZIP
See Attached

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT & CEO
CRAIG P. COY
2621 VAN BUREN AVE
NORRISTOWN PA 19403*

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*EXEC. VP
AVEN A. KERR
2621 VAN BUREN AVE
NORRISTOWN PA 19403*

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*SECRETARY
CHRISTINA D. HARRIS
2621 VAN BUREN AVE
NORRISTOWN PA 19403*

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*TREASURER
EDWIN A. NEUMANN
2621 VAN BUREN AVE
NORRISTOWN PA 19403*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address, with an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN A. NEUMANN 4/5/2000 60-055-4813

DATE

Signature Required