

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004306

1. Entity Name

BVI INDUSTRIES, INC.

Principal Place of Business

4667 SOMERTON ROAD
TREVOSSE PA 19053

Mailing Address

4667 SOMERTON ROAD
TREVOSSE PA 19053

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

(NOT)

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
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BELSINGER, JACK R JR	
STREET ADDRESS	754 LAUREL LANE	
CITY-ST-ZIP	STRAFFORD PA 19087	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	CARROLL, THOMAS F	
STREET ADDRESS	1849 WRIGHTSTOWN ROAD	
CITY-ST-ZIP	WASHINGTON CROSSING PA 18977	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	DEARNLEY, BRUCE	
STREET ADDRESS	565 MASON DRIVE	
CITY-ST-ZIP	BLUE BELL PA 19002	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, CHRISTINE M	
STREET ADDRESS	1849 WRIGHTSTOWN ROAD	
CITY-ST-ZIP	WASHINGTON CROSSING PA 18977	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIELE, P M	
STREET ADDRESS	940 LONGHORNE YARDLEY RD	
CITY-ST-ZIP	LANGHORNE PA 19047	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TILKER, W	
STREET ADDRESS	600 ALBRT AVE	
CITY-ST-ZIP	LAKEWOOD NJ 08701	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2435 Wayland Rd	
CITY-ST-ZIP	Berwyn PA 19312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 the 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip M. Miele
V.P.

5-1-01

Date

215-396-8900

Daytime Phone #

CR2E034 (10/00)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90005 045 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1939778

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required