

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005069

1. Entity Name

CMAC SERVICE COMPANY

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90056 034 ***150.00

Principal Place of Business

Mailing Address

1601 MARKET STREET
PHILADELPHIA PA 19103

1601 MARKET STREET
PHILADELPHIA PA 19103-2301

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 **23-1936987**

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

KARLEN, SUSAN
4300 W. CYPRESS, #1075
TAMPA FL 33607

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
FILIPPS, FRANK
252 RAVENS CLIFF
ST DAVIDS PA 19087 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kasmar, Roy
18 Harrison Lane
Newtown Square, PA 19073 ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOV
QUINT, BOB
15 PIKES WAY
CHELTENHAM PA 19012 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FISCHER, PAUL
256 GREAT ROAD
MAPLE SHADE NJ 08052 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MACLEOD, DOUG
1226 RIDGEWOOD DRIVE
BRYN MAWR PA 19010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LEVINE, HAL
10795 FAIRMONT VILLAGE DRIVE
LAKE WORTH FL 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, VP
Yarus, Howard
328 S. Smedley St.
Philadelphia, PA 19103 ☐ Change ☒ Add

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 (215) 564-6600
Date Daytime Phone #