

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005069

1. Entity Name

CMAC SERVICE COMPANY

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90284 043 \*\*\*150.00

Principal Place of Business

1601 MARKET STREET  
PHILADELPHIA PA 19103

Mailing Address

1601 MARKET STREET  
PHILADELPHIA PA 19103

2. Principal Place of Business

Same as above  
Suite, Apt. #, etc.

3. Mailing Address

Same as above  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1936987**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Susan Karlen

Street Address (P.O. Box Number is Not Acceptable)

1419 Holleman Drive

City Valrico

FL Zip Code 33594

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

Susan Karlen  
(NOTE: Registered Agent signature required when reinstating)

4/13/01  
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, 2001 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

TITLE P ☐ Delete  
NAME KASMAR, ROY  
STREET ADDRESS 18 HARRISON LANE  
CITY-ST-ZIP NEWTOWN SQUARE PA 19073

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

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

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

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

TITLE SVP ☐ Delete  
NAME YARUSS, HOWARD  
STREET ADDRESS 328 S. SMEDLEY ST.  
CITY-ST-ZIP PHILADELPHIA PA 19103

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Robert Radicioni  
CITY-ST-ZIP 3033 Arrowhead Lane  
Plymouth Mtg. PA 19462

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Terry Latimer  
CITY-ST-ZIP 909 Pineview Drive  
West Chester, PA 19380

TITLE ☐ Change ☐ 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 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:

Robert V. Radicioni  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-564-6600

CR2E034 (10/00)