

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006455

1. Entity Name

KPSCD, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90027 021 ***150.00

Principal Place of Business	Mailing Address
C/O KEATING DEVELOPMENT COMPANY ONE BALA AVENUE BALA CYNWYD PA 19004	C/O KEATING DEVELOPMENT COMPANY ONE BALA AVENUE BALA CYNWYD PA 19004-3212

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 **23-2858090**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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	PD	<input type="checkbox"/> Delete
NAME	KEATING III, DANIEL J	
STREET ADDRESS	1515 LAFAYETTE ROAD	
CITY-ST-ZIP	GLADWYNE PA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	SENCINDIVER, MICHAEL V	
STREET ADDRESS	717 MAIN STREET	
CITY-ST-ZIP	RIVERTON NJ	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, DENNIS A	
STREET ADDRESS	54 E CUTHBERT BLVD	
CITY-ST-ZIP	WESTMONT NJ	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBY, F W	
STREET ADDRESS	1900 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> Delete
NAME	COCCHIA, PETER T	
STREET ADDRESS	36 ARLINGTON ROAD	
CITY-ST-ZIP	DEVON PA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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 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]

REQUIRED

Keating, III

1/18/00

610-668-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)