

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90065 042 ***158.75

DOCUMENT # F97000000832

1. Entity Name
THE PREFERRED COMPANIES

Principal Place of Business Mailing Address
 --- NESHAMINY INTERPLEX SUITE 205 SIX NESHAMINY INTERPLEX SUITE 205
 ... PA 19053 TREVOS PA 19053-6942

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2339319** Applied For Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300
 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 _____ (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 | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEW, RICHARD L | | NAME | | |
| STREET ADDRESS | 706 KNOX ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | VILLANOVA PA | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALSH, THOMAS J | | NAME | | |
| STREET ADDRESS | 102 MICHAELS CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHALFONT PA 18914 | | CITY-ST-ZIP | | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DRISCOLL, LARRY W | | NAME | | |
| STREET ADDRESS | 1201 CHAMPLAIN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | VOORHEES NJ 08043 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOCHER, JEAN M | | NAME | | |
| STREET ADDRESS | 2250 BOYD RD APT D | | STREET ADDRESS | | |
| CITY-ST-ZIP | HUNTINGTON VALLEY PA 19006 | | CITY-ST-ZIP | | |
| TITLE | President/CEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard M. Wahr | | NAME | | |
| STREET ADDRESS | 845 Parkway Road | | STREET ADDRESS | | |
| CITY-ST-ZIP | Allentown PA 18104 | | CITY-ST-ZIP | | |
| TITLE | Chairman of the Board | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dorothy Driscoll | | NAME | | |
| STREET ADDRESS | 1201 Champlain Dr. | | STREET ADDRESS | | |
| CITY-ST-ZIP | Voorhees, NJ 08043 | | 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: Thomas J. Walsh 2/8/2000 215-639-6208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)