2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000200

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 021 ***150.00

1. Entity Name

COPELCO ALLIANCES, INC.

Principal Place of Business	Mailing Address
700 EAST GATE DRIVE P.O. BOX 5404 MT. LAUREL NJ 08054-5404 US	700 EAST GATE DRIVE P.O. BOX 5404 MT. LAUREL NJ 08054-5404 US

2. Principal Place of Business	3. Mailing Address
ONE INTERNATIONAL PLAZA	ONE INTERNATIONAL PLAZA
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State: PHILADELPHIA PA	City & State: PHILADELPHIA PA
Zip: 19113 Country: US	Zip: 19113 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482384 — 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
CSC THE UNITED STATES CORP. COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301-2525	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: PD NAME: BERG, IAN J STREET ADDRESS: 700 EAST GATE DR. CITY-ST-ZIP: MT. LAUREL NJ 08054-5404	☒ Delete	TITLE: DIRECTOR NAME: OKUMURA, TAKESHI STREET ADDRESS: 335 MADISON AVE CITY-ST-ZIP: NEW YORK, NY 10017	☐ Change ☒ Addition
TITLE: D NAME: HAKEMIAN, JOHN STREET ADDRESS: 335 MADISON AVE CITY-ST-ZIP: NEW YORK NY 10017	☐ Delete	TITLE: PRESIDENT & DIRECTOR NAME: STREET ADDRESS: CITY-ST-ZIP:	☒ Change ☒ Addition
TITLE: S NAME: LEMPERT, SPENCER STREET ADDRESS: 700 EAST GATE DR. CITY-ST-ZIP: MT. LAUREL NJ 08054-5404	☐ Delete	TITLE: VICE-PRESIDENT NAME: LEMPERT, STREET ADDRESS: ONE INTERNATIONAL PLAZA CITY-ST-ZIP: PHILADELPHIA PA 19113	☒ Change ☐ Addition
TITLE: T NAME: COWELL, JOHN A STREET ADDRESS: 700 EAST GATE DR. CITY-ST-ZIP: MT. LAUREL NJ 08054-5404	☒ Delete	TITLE: DIRECTOR NAME: OGINO, YOSHIMASA STREET ADDRESS: 335 MADISON AVE CITY-ST-ZIP: NEW YORK, NY 10017	☐ Change ☒ Addition
TITLE: D NAME: SEKI, TADAYUKI STREET ADDRESS: 335 MADISON AVENUE CITY-ST-ZIP: NEW YORK NY 10017	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: AS NAME: ZINN ABEL, LAUREN STREET ADDRESS: 700 EAST GATE DRIVE CITY-ST-ZIP: MT. LAUREL NJ 08054-5404	☒ Delete	TITLE: ASST. SECRETARY NAME: SICINSKI, KENNETH STREET ADDRESS: ONE INTERNATIONAL PLAZA CITY-ST-ZIP: PHILADELPHIA PA 19113	☐ Change ☒ Addition

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: SPENCER LEMPERT — 5/1/00 — (610) 521-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #