

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000000489**1. Entity Name
CONSTAR, INC.

Principal Place of Business

ONE CROWN WAY

PHILADELPHIA

19154

PA

Mailing Address

ONE CROWN WAY

PHILADELPHIA

19154

PA

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

58-0680950

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

FL

US

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

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

(NOTE: Registered Agent signature required when reinstating)

02/21/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BOLTON JAMES C | |
| STREET ADDRESS | ONE CROWN WAY | |
| CITY-ST-ZIP | PHILADELPHIA PA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUTHERFORD ALAN W | |
| STREET ADDRESS | ONE CROWN WAY | |
| CITY-ST-ZIP | PHILADELPHIA PA 19154 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HOFFMAN MICHAEL | |
| STREET ADDRESS | ONE CROWN WAY | |
| CITY-ST-ZIP | PHILADELPHIA PA | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | GALLAGHER WILLIAM T | |
| STREET ADDRESS | ONE CROWN WAY | |
| CITY-ST-ZIP | PHILADELPHIA PA 19154 | |
| TITLE | TV | <input type="checkbox"/> Delete |
| NAME | BURNS MICHAEL B | |
| STREET ADDRESS | ONE CROWN WAY | |
| CITY-ST-ZIP | PHILADELPHIA PA 19154 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MECHURA FRANK | |
| STREET ADDRESS | ONE CROWN WAY | |
| CITY-ST-ZIP | PHILADELPHIA PA | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: WILLIAM T. GALLAGHER

VS

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)