2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like enjoowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

DOCUMENT # **F98000003219** May 03, 2000 8:00 am Secretary of State 1. Entity Name . **ELECTRONICS BOUTIQUE OF AMERICA INC.** 05-03-2000 90120 050 ***150.00 Mailing Address Principal Place of Business 931 SOUTH MATLACK STREET 931 SOUTH MATLACK STREET WEST CHESTER PA 19382 WEST CHESTER PA 19382-5521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-2963367 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name^{*} C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **CEOP** ☐ Change ☐ Addition TITLE TITLE ☐ Delete FIRESTONE, JOSEPH J NAME NAME STREET ADDRESS STREET ADDRESS 1511 MANCHESTER CT., APT. 304 CITY-ST-ZIP WEST CHESTER PA 19380 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME GRIFFITHS, JEFFREY STREET ADDRESS STREET ADDRESS 2104 COUNTRY VIEW LANE CITY-ST-ZIP CITY-ST-ZIP LANSDALE PA 19446 Change ☐ Addition AS ☐ Delete TITLE NAME KIRCHNER, MARILYN R NAME STREET ADDRESS STREET ADDRESS 301 PLYMOUTH COURT CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA 19380 ☐ Change ☐ Addition **CFOS** ☐ Delete TITLE TITLE NAME PANICHELLO, JOHN NAME STREET ADDRESS STREET ADDRESS 1432 MONK ROAD CITY-ST-ZIP CJTY-ST-ZJP **GLADWYNE PA 19035** Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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