

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90112 049 ***158.75

DOCUMENT # F98000004349

1. Entity Name

SEVERN TRENT LABORATORIES, INC.

Principal Place of Business

**3000 ADVANCE LANE
COLMAR PA 18915
US**

Mailing Address

**3000 ADVANCE LANE
COLMAR PA 18915
US**

2. Principal Place of Business

Founders Bldg.

Suite, Apt. #, etc.

Suite 300

City & State

Fort Washington, PaZip **19034**

Country

3. Mailing Address

Founders Bldg.

Suite, Apt. #, etc.

Suite 300

City & State

Fort Washington PaZip **19034**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2919996**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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)

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

TITLE **PD** ☐ Delete
NAME **JANNETTA, RACHEL B**
STREET ADDRESS **FOUNDERS BUILDING SUITE 300**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**TITLE **V** ☒ Delete
NAME **FERRARA, ROBERT L**
STREET ADDRESS **3000 ADVANCE LANE**
CITY-ST-ZIP **COLMAR PA**TITLE **TSO** ☐ Delete
NAME **KELLY, KENNETH J**
STREET ADDRESS **FOUNDERS BUILDING SUITE 300**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**TITLE **AS** ☐ Delete
NAME **STEVENS, ADELE A**
STREET ADDRESS **FOUNDERS BUILDING SUITE 300**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**TITLE **D** ☒ Delete
NAME **HISLOP, IAN J**
STREET ADDRESS **3000 ADVANCE LANE**
CITY-ST-ZIP **COLMAR PA**TITLE **D** ☐ Delete
NAME **CHESTER, DAVID L**
STREET ADDRESS **FOUNDERS BUILDING SUITE 300**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☒ Addition
NAME **Cook, William R.**
STREET ADDRESS **Founders Bldg Suite 300**
CITY-ST-ZIP **Fort Washington Pa 19034**TITLE **CFO** ☐ Change ☒ Addition
NAME **Gulliver, Daniel J.**
STREET ADDRESS **Founders Bldg Suite 300**
CITY-ST-ZIP **Fort Washington Pa 19034**TITLE **COO** ☐ Change ☒ Addition
NAME **Wheatstone, Keith**
STREET ADDRESS **777 New Durham Rd**
CITY-ST-ZIP **Edison, NJ 08817**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Daniel J. Gulliver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL J. GULLIVER
VP FINANCE**01/23/01**
Date**(215) 997-4000**
Daytime Phone #

CR2E034 (10/00)