

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90647 047 \*\*\*150.00

0619950 AT

**DOCUMENT # F98000004596**

1. Entity Name  
**SHANER GP TWO, INC.**

Principal Place of Business Mailing Address  
**303 NORTH SCIENCE PARK ROAD 303 NORTH SCIENCE PARK ROAD**  
**STATE COLLEGE PA 16803 STATE COLLEGE PA 16803**

2. Principal Place of Business 3. Mailing Address  
**1965 Waddle Road 1965 Waddle Road**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **25-1815857** Applied For  
 Not Applicable  
 Zip Country Zip Country 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  
**C T CORPORATION SYSTEM** Name  
**1200 SOUTH PINE ISLAND ROAD** Street Address (P.O. Box Number is Not Acceptable)  
**PLANTATION FL 33324** 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SHANER, LANCE T</b> <b>303 NORTH SCIENCE PARK ROAD</b> <b>STATE COLLEGE PA 16803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHANER, FREDERICK J</b> <b>303 NORTH SCIENCE PARK ROAD</b> <b>STATE COLLEGE PA 16803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>HULBERT, PETER K</b> <b>303 NORTH SCIENCE PARK ROAD</b> <b>STATE COLLEGE PA 16803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>GRIFFIN, J.B.</b> <b>303 NORTH SCIENCE PARK ROAD</b> <b>STATE COLLEGE PA 16803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STABLEY, RONALD</b> <b>303 NORTH SCIENCE PARK ROAD</b> <b>STATE COLLEGE PA 16803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>FRIEDMAN, KENNETH P</b> <b>1800 ONE M &amp; T PLAZA</b> <b>BUFFALO NY 14203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/1/02 814-234-4460  
 Date Daytime Phone #

CR2E034 (9/01)