

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90051 004 \*\*\*150.00

DOCUMENT # F98000005531

1. Corporation Name

APEX SITE MANAGEMENT, INC.



Principal Place of Business  
555 NORTH LANE, STE 6138  
CONSHOHOCKEN PA 19428

Mailing Address  
555 NORTH LANE, STE 6138  
CONSHOHOCKEN PA 19428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

23-2953561

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
~~Trust Fund Contribution~~ ☐

\$5.00 May Be  
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO  
NAME GELLMAN, ALEXANDER L  
STREET ADDRESS 555 NORTH LANE, STE 6138  
CITY-ST-ZIP CONSHOHOCKEN PA ☐ DELETE

1.1 TITLE CFO  
1.2 NAME Harry Oppenheimer  
1.3 STREET ADDRESS 555 North Lane, Suite 6138  
1.4 CITY-ST-ZIP Conshohocken, Pa 19428 ☐ Change ☒ Addition

TITLE P  
NAME GANZI, MARC C  
STREET ADDRESS 555 NORTH LANE, STE 6138  
CITY-ST-ZIP CONSHOHOCKEN PA ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE C  
NAME GINSBERG, JEFFREY E  
STREET ADDRESS 555 NORTH LANE, STE 6138  
CITY-ST-ZIP CONSHOHOCKEN PA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME LONG, BENJAMIN  
STREET ADDRESS 555 NORTH LANE, STE 6138  
CITY-ST-ZIP CONSHOHOCKEN PA ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE V  
NAME STERN, RICHARD B  
STREET ADDRESS 555 NORTH LANE, STE 6138  
CITY-ST-ZIP CONSHOHOCKEN PA ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE V  
NAME RENZONI, MARTIN L  
STREET ADDRESS 555 NORTH LANE, STE 6138  
CITY-ST-ZIP CONSHOHOCKEN PA ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 610 260 3116

CR2E034 (11/98)