

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006697

1. Entity Name
SCALA, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91172 044 ***150.00

Principal Place of Business

26672 AGOURA ROAD
CALABASAS CA 91302

Mailing Address

26672 AGOURA ROAD
CALABASAS CA 91302

2. Principal Place of Business

3. Mailing Address

1 E. UCHLAW AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

EXTON PA

Zip

Country

Zip

19341

Country

USA

4. FEI Number 54-1650228

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

(NO 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, MARTY	
STREET ADDRESS	3609 E. THOUSAND OAKS BL	
CITY-ST-ZIP	WESTLAKE VILLAGE CA 91362	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEANS, PETER	
STREET ADDRESS	3368 BIG SPRING AVE	
CITY-ST-ZIP	SIMI VALLEY CA 93065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DARDEN, JULIUS C	
STREET ADDRESS	1733 CALLE ATRIGAS	
CITY-ST-ZIP	THOUSAND OAKS CA 91360	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORDERHAVG, ROLVE	
STREET ADDRESS	9 ROCKLAND ROAD	
CITY-ST-ZIP	WARWICK BERMUDA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	GERARD BULAS	
STREET ADDRESS	1032 BEAUMONT ROAD	
CITY-ST-ZIP	BRIDGEVIEW, PA 19312	
TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	JEFF PORTER	
STREET ADDRESS	1 E. UCHLAW AVENUE Suite 300	
CITY-ST-ZIP	EXTON, PA 19341	
TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	STEPHEN KORCHO	
STREET ADDRESS	1 E. UCHLAW AVENUE Suite 300	
CITY-ST-ZIP	EXTON, PA 19341	
TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	CAROL ARMSTRONG	
STREET ADDRESS	29 UPPER GLENVIEW DRIVE	
CITY-ST-ZIP	GLENFORD NY 12433	
TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	ANDREAS UGAND	
STREET ADDRESS	UGANDSENTERET	
CITY-ST-ZIP	STORGATEN 90 N 4877 GRIMSTAD NORWAY	
TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	OLE HENRIK EIDE	
STREET ADDRESS	RADHAUST. 25 PO Box 1464	
CITY-ST-ZIP	VIKEN NO166 Oslo, NORWAY	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN KORCHO

4/18/2001

(610) 363-3350

Date

Daytime Phone #

CR2E034 (10/00)