

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F990000000024

1. Entity Name  
GMH ASSET MANAGEMENT, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90011 025 \*\*\*558.75

Principal Place of Business

353 W. LANCASTER AVE.  
WAYNE PA 19087

Mailing Address

353 W. LANCASTER AVE.  
WAYNE PA 19087

2. Principal Place of Business

10 Campus Blvd

3. Mailing Address

10 Campus Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Newtown Square PA

City & State

Newtown Square PA

4. FEI Number

23-2985094

Applied For

Not Applicable

Zip

Country

19073

Zip

Country

19073

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 HOLLOWAY, GARY M  
STREET ADDRESS 353 W. LANCASTER AVE.  
CITY-ST-ZIP WAYNE PA 19087

TITLE DVPT ☐ Delete

NAME ROBINSON, BRUCE F  
STREET ADDRESS 353 W. LANCASTER AVE.  
CITY-ST-ZIP WAYNE PA 19087

TITLE DVPS ☐ Delete

NAME COYLE, CATHERINE  
STREET ADDRESS 353 W. LANCASTER AVE.  
CITY-ST-ZIP WAYNE PA 19087

TITLE DAS ☐ Delete

NAME DIGIUSEPPE, ROBERT  
STREET ADDRESS 353 W. LANCASTER AVE.  
CITY-ST-ZIP WAYNE PA 19087

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 10 Campus Blvd  
CITY-ST-ZIP Newtown Square PA 19073

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 10 Campus Blvd  
CITY-ST-ZIP Newtown Square PA 19073

TITLE ☒ Change ☐ Addition

NAME  
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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Robert Diguseppe* REQUIRED Robert Diguseppe 7/19/00 610-355-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)