2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900001635 Jul 21, 2000 8:00 am 1. Entity Name Secrétary of State PROGRESS FINANCIAL RESOURCES, INC. 07-21-2000 90154 020 ***550.00 Principal Place of Business Mailing Address 103 SPRINGER BLDG., 3411 SILVERSIDE RD 103 SPRINGER BLDG., 3411 SILVERSIDE RD WILMINGTON DE 19810 WILMINGTON DE 19810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-2983915 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Ai certable) 1201 HAYS STREET-TALLAHASSEE FL 32301-2525 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, ir. the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is etigible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Confribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES/TO OFFICERS AND DIRECTORS IN 11 PCD ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME SHERMAN, ADAMS T NAME STREET ADDRESS **1818 MARKET STREET** STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition JACOBS, SAMUEL NAME STREET ADDRESS STREET ADDRESS 1818 MARKET STREET CITY+SY-7IP CITY-ST-ZIP PHILADELPHIA PA Change Change ☐ Addition TITLE Delete TITLE MCILHENNY, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 1818 MARKET STREET CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA THILE ☐ Change ☐ Addition TITLE ☐ Delete ANTONACIO, DONALD NAME NAME STREET ADDRESS **1818 MARKET STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA Change ☐ Addition TITLE Delete TITLE WYCOFF, W K -NAME NAME STREET ADDRESS STREET ADDRESS FOUR SENTRY PKWY, STE 200 CITY-ST-7IP CITY-ST-7IP **BLUE BELL PA** Addition TITLE Delete TITLE □ Change High, Michael B. Four Sentry PKWY, 5te 200

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MARK, GEORGE R

FOUR SENTRY PKWY, STE 200