

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001635

1. Entity Name

PROGRESS FINANCIAL RESOURCES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90285 033 ***150.00

Principal Place of Business

103 SPRINGER BLDG., 3411 SILVERSIDE RD
WILMINGTON DE 19810

Mailing Address

103 SPRINGER BLDG., 3411 SILVERSIDE RD
WILMINGTON DE 19810

2. Principal Place of Business

1818 Market St.

Suite, Apt. #, etc.

29th FL

City & State

Philadelphia, Pa.

Zip 19108

Country

3. Mailing Address

4 SENTRY PKWY

Suite, Apt. #, etc.

STE 200

City & State

Blue Bell, Pa.

Zip 19422

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2983915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SHERMAN, ADAMS T	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBS, SAMUEL	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCILHENNY, ANDREW	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANTONACIO, DONALD	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYCOFF, W K	
STREET ADDRESS	FOUR SENTRY PKWY, STE 200	
CITY-ST-ZIP	BLUE BELL PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIGH, MICHAEL	
STREET ADDRESS	FOUR SENTRY PKWY, STE 200	
CITY-ST-ZIP	BLUE BELL PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael B. High
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)