2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

FILED Apr 07, 2003 8:00 am Secretary of State

TITLE MANKE MANKE SHERMAN, ADAMS T SHERMAN, ADAMS T SHERMAN, ADAMS T SHERET ADDRESS STREET ADDRE		INVENIT # E00000004	COE	A TOLER	. .	-07-2003 90950 04	10 1	
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Suite, Apt. 4, etc. City & State Country 23-2883915 S. Certificate of Status Desired S. S. 75 Aptigical Fig. 8, 75	z. riiikipai	Frace of Desiress	1000 Sand	4 Hill Rd				
City & State City & State	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	<u> </u>	M cust	Y NEGETE MAKING OU	IANIZED:	
23-2983915		<u> </u>						<u> </u>
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this dishement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this dishement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. Control of the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of registered agent	7in	Country		<u>′</u>	20-20			- ' '
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2625 City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered attice or registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and sociept the doligations of registered agent, or both, in the State of Footial. I am familiar with, and society the doligations of registered agent, or both, in the State of Footial. I am familiar with, and society the doligations of registered agent, or both, in the State of Footial. I am familiar with, and society the doligations of registered agent, or both, in the State of Footial. I am familiar with, and society the doligations of Footial agent, and society of	2.10	Journaly	19401	Godinary	5. Certificate of Status			
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curren	t Registered Agent	ಷ್ಟರ <u>ಗಳುಯಾಗಿದ್ದರು</u>	7Name and Address	of New Registered Age	nt	ಬಹಾಗಾ ಕರ್ಮ
1201 HAYS STREET	CORPORA	TION SERVICE COMPANY	ne ' e'	. Nam e			:	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Portica. I am familiar with, and accept the obligation of the second of the received agent, or both, in the State of Portica. I am familiar with, and accept the obligation of the received agent, or both, in the state of Portica. I am familiar with, and accept the obligation of the received agent, or both, in the State of Portica. I am familiar with, and accept the state of Portica. City of Portical Portical or an accept the properties of Portical agent, or both, in the State of Portica	1201 HAYS	STREET	٠,	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
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After May 12 (2013 Fee will be \$55,00) Make Chick Payable for Floria: Department of State 10. OFFICERS AND DIRECTORS	in milital	Signature, typed or primed name of registered agen	t and tide if applicable. (NOTE: I	Registered Agentsignature r	equired when reinstating)	CATE		· ·
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STRET ADDRESS FOUR SENTRY PKWY, STE 200 STRET ADDRESS BLUE BELL, PA City-st-zip 12. 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 10 or Block 11 if	NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	Payable to Forida Department OFFICERS AND PCD SHERMAN, ADAMS T 1818 MARKET STREET PHILADELPHIA, PA VD JACOBS, SAMUEL 1818 MARKET STREET PHILADELPHIA, PA V MCILHENNY, ANDREW 1818 MARKET STREET PHILADELPHIA, PA V ANTONACIO, DONALD 1818 MARKET STREET PHILADELPHIA, PA D WYCOFF, W K FOUR SENTRY PKWY, STE 200 BLUE BELL, PA	D DIRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund C	ontribution.	Added RECTORS Change Change Change Change	to Fees IN 11 Addition Addition Addition
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3/20/13 610-941-4884 Cayira Prode