

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001966

1. Entity Name  
CMI GROUP (WISCONSIN), INC.



Principal Place of Business  
1101 MARKET ST.  
PHILADELPHIA PA 19107

Mailing Address  
PO BOX 13477  
PHILADELPHIA PA 19101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1551693

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KERIN, ANDREW	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'HARA, MICHAEL J	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUSTELL, BARBARA	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	S	<input type="checkbox"/> Delete
NAME	BODNAR, PRISCILLA	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, WILLIAM	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Ciatto	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander P. Marino	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Megan Timmins	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alexander P. Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER P. MARINO

VICE PRESIDENT

4/28/03

Date

215-238-3000

Daytime Phone #

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90154 001 \*\*\*150.00

05-15-2003 90154 002 \*\*\*400.00

55641031



☐ CHECK HERE IF MAKING CHANGES

0619835 AT

CR2E034 (10/02)