

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004536

1. Entity Name

GH-KAB, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90056 001 ***150.00
05-10-2000 90056 002 *****8.75

Principal Place of Business Mailing Address
353 WEST LANCASTER AVENUE, SUITE 210 353 WEST LANCASTER AVENUE, SUITE 210
WAYNE PA 19087 WAYNE PA 19087-3907

2. Principal Place of Business 3. Mailing Address
10 Campus Blvd 10 Campus Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Newtown Square, PA Newtown Square, PA
Zip Country Zip Country
19073 19073

4. FEI Number 23-3015195 APPLIED FOR
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.
SIGNATURE _____ (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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLOWAY, GARY M		NAME		
STREET ADDRESS	353 WEST LANCASTER AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, BRUCE F		NAME		
STREET ADDRESS	353 WEST LANCASTER AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COYLE, CATHERINE		NAME		
STREET ADDRESS	353 WEST LANCASTER AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIGIUSEPPE, ROBERT		NAME		
STREET ADDRESS	353 WEST LANCASTER AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUBLEY, DENISE		NAME		
STREET ADDRESS	353 WEST LANCASTER AVENUE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *William J. Schaeffer* SECRETARY Date: 4/6/00 Daytime Phone #

CR2E034 (9/99)