

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90042 020 \*\*\*158.75

**DOCUMENT # F99000005363**

1. Entity Name  
**HCSG SUPPLY, INC.**

Principal Place of Business

**866 TOWN CENTER DRIVE  
 LANGHORNE PA 19047**

Mailing Address

**GLENVIEW CORPORATE CENTER  
 3220 TILLMAN DRIVE, SUITE 300  
 BENSALEM PA 19020**

428430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**45 H RUNWAY ROAD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LEVITTOWN PA**

City & State

4. FEI Number

**23-2917017**

Applied For

Not Applicable

Zip

**19057**

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

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, 2002 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 ☐ Delete  
 NAME **CEO MCCARTNEY, DANIEL P.**  
 STREET ADDRESS **3220 TILLMAN DRIVE, SUITE 300**  
 CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☐ Delete  
 NAME **VD MCCARTNEY, JOSEPH F**  
 STREET ADDRESS **3220 TILLMAN DRIVE, SUITE 300**  
 CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☐ Delete  
 NAME **S HUDSON, RICHARD W**  
 STREET ADDRESS **3220 TILLMAN DRIVE, SUITE 300**  
 CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☐ Delete  
 NAME **D WEISMAN, BARTON D**  
 STREET ADDRESS **3220 TILLMAN DRIVE, SUITE 300**  
 CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☐ Delete  
 NAME **D FROME, ROBERT L**  
 STREET ADDRESS **3220 TILLMAN DRIVE, SUITE 300**  
 CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☐ Delete  
 NAME **PD COOK, THOMAS A**  
 STREET ADDRESS **3220 TILLMAN DRIVE, SUITE 300**  
 CITY-ST-ZIP **BENSALEM PA 19020**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

**VP FINANCE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-18-02 (215) 639-4274**

CR2E034 (9/01)