

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 23 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006110

1. Entity Name
LMRES REAL ESTATE ADVISERS, INC.

Principal Place of Business
259 NORTH RADNOR-CHESTER ROAD, SUITE 200
RADNOR PA 19087

Mailing Address
259 NORTH RADNOR-CHESTER ROAD, SUITE 200
RADNOR PA 19087

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 23-1695311

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CALLANTINE, DOUGLAS S
STREET ADDRESS 1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-7501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600005451946--1
-05/06/02--01009--031
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE V
NAME LAYMAN, RICHARD K
STREET ADDRESS 1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-7501 ☐ Delete

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

TITLE AS
NAME RANDOLPH, JOHN S JR.
STREET ADDRESS 259 NORTH RADNOR-CHESTER ROAD, SUITE 200
CITY-ST-ZIP RADNOR PA 19087 ☐ Delete

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

TITLE T
NAME MCPAUL, MICHAEL
STREET ADDRESS 1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-7501 ☐ Delete

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

TITLE D
NAME D'ALESSIO, M. WALTER
STREET ADDRESS 1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-7501 ☐ Delete

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

TITLE D
NAME BUTCHENHART, R. CRAIG
STREET ADDRESS 1735 MARKET STREET, 12TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-7501 ☐ Delete

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 610-344-9200
Date Daytime Phone #