

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90346 040 ***150.00

DOCUMENT # G54469

1. Entity Name
F M AMELIA, INC.

Principal Place of Business Mailing Address
250 KING OF PRUSSIA RD **250 KING OF PRUSSIA RD**
PA 19087 **RADNOR PA 19087-5220**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2316716		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	Vice President / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MULLIN, ARTHUR W			NAME	HARRIS, ROBERT R.		
STREET ADDRESS	250 KING OF PRUSSIA RD.			STREET ADDRESS	250 KING OF PRUSSIA RD.		
CITY-ST-ZIP	RADNOR PA 19087			CITY-ST-ZIP	RADNOR PA 19087		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	Vice President / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, WILLIAM S			NAME	Robinson, Robert L.		
STREET ADDRESS	250 KING OF PRUSSIA RD.			STREET ADDRESS	250 King of Prussia Rd.		
CITY-ST-ZIP	RADNOR PA 19087			CITY-ST-ZIP	RADNOR PA 19087		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELICAN, JAMES W			NAME			
STREET ADDRESS	250 KING OF PRUSSIA RD.			STREET ADDRESS			
CITY-ST-ZIP	RADNOR PA 19087			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIXLER, ROBERT			NAME			
STREET ADDRESS	250 KING OF PRUSSIA RD.			STREET ADDRESS			
CITY-ST-ZIP	RADNOR PA 19087			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAMASITIS, MARGARET			NAME			
STREET ADDRESS	250 KING OF PRUSSIA RD.			STREET ADDRESS			
CITY-ST-ZIP	RADNOR 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: *Margaret M. Tamasis* **MARGARET M TAMASITIS, ASST. SECT. 4/24/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **610-964-7086** Phone #

CR2E034 (9/99)