2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-00175-001-$150.00-$50.00

FILED

03 OCT -6 AM 8:56

SECRETARY OF STATE TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000018418

1. Entity Name

SKILL MASTERS, LLC

Principal Place of Business	Mailing Address
770 E. MARKET STREET SUITE 130 WEST CHESTER PA 19382	770 E. MARKET STREET SUITE 130 WEST CHESTER PA 19382

2. Principal Place of Business		3. Mailing Address	
780 E. MARKET STREET		780 E. MARKET STREET	
Suite, Apt. #, etc.: Suite 120		Suite, Apt. #, etc.: Suite 120	
City & State: West Chester PA		City & State: West Chester PA	
Zip: 19382	Country: USA	Zip: 19382	Country: USA

10/6 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0737201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANOUSE & WALKER P.A. 2255 GLADES ROAD SUITE 324 ATRIUM BOCA RATON FL 33431	Name: Charles B. Miller Street Address (P.O. Box Number is Not Acceptable): 500 Phillips Dr. City: Boca Raton FL Zip Code: 33432

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: Charles B Miller — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 8-27-03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: Charles B. Miller STREET ADDRESS: 500 Phillips Dr. CITY-ST-ZIP: Boca Raton, FL 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Vice President NAME: David Van Soest STREET ADDRESS: 780 E Market Street, Suite 120 CITY-ST-ZIP: West Chester, PA 19382	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED — 8/27/03 — 610-429-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/03)