2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	OOCUMENT # M000000192							
TOWMED INTERMEDIAT	E, LLC							
Principal Place of Business	Mailing Address							
353 W. LANCASTER AVE., STE. 210 WAYNE PA 19087	353 W. LANCASTER AVE., STE. 210 WAYNE PA 19087							
2. Principal Place of Business	3. Mailing Address							



			DO NOT WRITE IN THIS SPACE				
10 Campus Blvd. Newtown Square, PA. 19073	10 Campus Blvd. Newtown Square, PA. 1	Campus Blvd. wtown Square, PA. 19073		4. FEI Number 23 - 3027510			oplied For of Applicable
				5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Cu	rrent Registered Agent		7. Nam	e and Address of New Reg	gistered Ag	ent	
CT CORPORATION SYSTEM	Name Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
FEARIATION FE 55524	City	City Zip Code					
8. The above named entity submits this statem	ent for the purpose of changing its re	gistered office or red	istered agent	or both, in the State of Florin		L .	
SIGNATURE Signature, typed or printed name of registerec		registered Agent signature re		÷	DATE		
ograda, ypod o pri ao noro o negorio		V!!! FEE IS \$50.	00	500003 (796 1016	8
9. MANAGING M	IEMBERS/MEMBERS	10.		ADDITIONS/C	TEN 17117	***	50.00
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1 /16/01 610-355-