

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000001222

1. Entity Name

SIMKAR LLC



Principal Place of Business

700 RAMONA AVENUE  
PHILADELPHIA PA 19120-4691

Mailing Address

700 RAMONA AVENUE  
PHILADELPHIA PA 19120-4691

**FILED  
Jul 28, 2003 8:00 am  
Secretary of State**

07-28-2003 90065 049 \*\*\*\*50.00

0022692



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **23-2985119**  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
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C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLE, WILLIAM J		NAME	
STREET ADDRESS	700 RAMONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19120-4691		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, RICHARD L JR.		NAME	
STREET ADDRESS	700 RAMONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19120-4691		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRECHT, KNUTE		NAME	
STREET ADDRESS	700 RAMONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19120-4691		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULLUM, DAVID A.R.		NAME	
STREET ADDRESS	700 RAMONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19120-4691		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSO, MICHAEL A		NAME	
STREET ADDRESS	700 RAMONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19120-4691		CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, FRANK W		NAME	
STREET ADDRESS	700 RAMONA AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19120-4691		CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

215-831-7700