FILED
Jun 23, 2003 8:00 am
Secretary of State

4/21
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04-21-2003 90133 003 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001344

1. Entity Name
PRWT-HYLAN, LLC

[redacted]

Principal Place of Business	Mailing Address
2878 GULF AVENUE STATEN ISLAND NY 10303	2878 GULF AVENUE STATEN ISLAND NY 10303

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1150 South Avenue		1150 South Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Staten Island, NY		City & State: Staten Island NY	
Zip: 10314	Country: USA	Zip: 10314	Country: USA

4. FEI Number 13-3864977 ☐ 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
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. 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HYLAN ELECTRICAL CONTRACTING, INC. 2878 GULF AVENUE STATEN ISLAND NY 10303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member 1150 South Avenue Staten Island, NY 10314	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PRWT SERVICES, INC. 2878 GULF AVENUE STATEN ISLAND NY 10303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member One Penn Center at Suburban Station Suite 555 Philadelphia, PA 19103	☒ 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
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

CR2E083 (10/02)

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: John DiCeco Jr. SIGNATURE REQUIRED 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #