

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002103

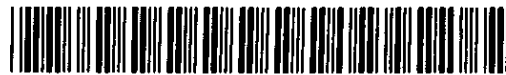
1. Entity Name

VERTICALNET LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

700 DRESHER ROAD
HORSHAM PA 19044

Mailing Address

700 DRESHER ROAD
HORSHAM PA 19044

2. Principal Place of Business

507 Prudential Rd.

Suite, Apt. #, etc.

3. Mailing Address

507 Prudential Road

Suite, Apt. #, etc.

City & State

Horsham, PA

City & State

Horsham, PA

Zip

19044

Country

Montgomery

Zip

19044

Country

Montgomery

4. FEI Number

23-3044799

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.

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 Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HAGAN, MICHAEL J
STREET ADDRESS 700 DRESHER ROAD
CITY-ST-ZIP HORSHAM PA 19044 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME GODICK, GENE S
STREET ADDRESS 700 DRESHER ROAD
CITY-ST-ZIP HORSHAM PA 19044 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME MCKENZIE, JAMES W JR.
STREET ADDRESS 700 DRESHER ROAD
CITY-ST-ZIP HORSHAM PA 19044 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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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:

James W. McKenzie, Jr.
James W. McKenzie, Jr.

7/20/01

215-315-3592

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

Date

Daytime Phone #

CR2E083 (5/01)