**2001 UNIFORM BUSINESS REPORT** DOCUMENT # M00000002622 FILED . 1. Entity Name HANDEX OF PENNSYLVANIA, L.L.C. 01 MAY 11 AM 9:28 SECRETARY OF STATE Principal Place of Business Mailing Address 30941 SUNEAGLE DR. TALLAHASSEE, FI ORINA 3412 PROGRESS DRIVE MT. DORA, FL 32757 BENSALEM, PA 19020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-1958148 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM E. TABOR, JR. Street Address (P.O. Box Number is Not Acceptable) 30941 SUNEAGLE DR. \_ MI. DORA, FL\_32757. \_ Zip Code FI 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) Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. MANAGER TITLE Delete TITLE ☐ Change ☐ Addition ROGER EATMAN NAME NAME 30941 SUNEAGLE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Mr. DORA, FLORIDA, 32757 MANAGER Change ☐ Addition TITLE ☐ Delete TITLE GEORGE BANNON NAME NAME **300004383833--**-06/08/01--01077--003 STREET ADDRESS 30941 SUNEAGLE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MI.D ORA, FLORIDA 32757 \*\*\*\*\*50.00 \*\*\*\*50.00 TITLE MANAGER ☐ Delete TITLE NAME NAME WILLIAM P. MULLINS STREET ADDRESS STREET ADDRESS 500 CAMPUS DRIVE CITY-ST-ZIP CITY-ST-ZIP MORGANVILLE, NJ 07751 ☐ Delete Change ☐ Addition TITLE MANAGER NAME NAME BRIAN RICHARDS STREET ADDRESS STREET ADDRESS 30941 SUNFAGLE DR. CITY-ST-ZIP CITY-ST-ZIP DORA FL 32757 TITLE MANAGER Delete ☐ Change ■ Addition NAME NAME ALEX CVERCKO STREET ADDRESS STREET ADDRESS 30941 SUNEAGLE DR. CITY-ST-ZIP CITY-ST-ZIP MT. DORA, FL 32757 ☐ Delete TITLE Change Addition TITLE MANAGER NAME 🦠 NAME WILLIAM E. TABOR, JR STREET ADDRESS STREET ADDRESS 30941 SUNEAGLE DR. CITY-ST-ZIP CITY-ST-ZIE DORA, FL 32757 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 AND TYPED OR PRINTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desprime Phone #