

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90027 048 \*\*\*\*50.00

**DOCUMENT # M01000000689**

1. Entity Name

**THOMAS D. DONALD CO., LLC**

Principal Place of Business

1117 SNYDER RD.  
 WEST LAWN PA 19609-1100

Mailing Address

1117 SNYDER RD.  
 WEST LAWN PA 19609-1100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

See attached

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**PRESIDENT**  Delete  
**DONALD, THOMAS D.**  
**PO BOX 127**  
**MIDDLEPORT, PA 17953**

10. ADDITIONS/CHANGES

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 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 REQUIRED*

**THOMAS D DONALD**  
**PRESIDENT**

**4/5/02 (610) 678-1913**

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

Date

Daytime Phone #

CR2E083 (9/01)

Department of the Treasury  
Internal Revenue Service  
PHILADELPHIA PA 19255

SB

Date of this notice: MAY 7, 2001  
Number of this notice: 277  
Taxpayer Identification Number: 23-3073753  
Form: Tax Period:



THOMAS D DONALD CO LLC  
DONALD THOMAS D SINGLE OWNER  
1117 SNYDER RD  
WEST LAWN PA 19609-1100175

For assistance you may  
call us at:  
1-800-829-1040

WE HAVE APPROVED YOUR FORM 8832, ENTITY CLASSIFICATION ELECTION  
WE HAVE APPROVED YOUR ELECTION AS A DOMESTIC ELIGIBLE ENTITY WITH A SINGLE OWNER  
TO BE DISREGARDED AS A SEPARATE ENTITY. THE EFFECTIVE DATE OF THIS ELECTION IS  
DEC. 15, 2000.

If you have any questions about this notice, please call us at the number shown above. If you  
prefer you can write us. If you write, please include the bottom part of this notice. Please provide  
your telephone number and the best time for us to call if we need to reach you.

Thank you for your cooperation.

Keep this part for your records

Attachment  
84371  
#M010000068