

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90345 016 ****50.00

DOCUMENT # M97000000301

1. Entity Name
ZELENKOFKSKE AXELROD CONSULTING, L.L.C.

①

Principal Place of Business Mailing Address
101 WEST AVENUE, SUITE 300 **101 WEST AVENUE, SUITE 300**
JENKINTOWN PA 19046 **JENKINTOWN PA 19046**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-2887857		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$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	

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIMMELREICH, JANET K			NAME			
STREET ADDRESS	101 WEST AVENUE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	JENKINTOWN PA 19046			CITY-ST-ZIP			
TITLE	MM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHMAN, STEVE			NAME			
STREET ADDRESS	101 WEST AVENUE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	JENKINTOWN PA 19046			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LENTZ, GREG			NAME			
STREET ADDRESS	101 WEST AVENUE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	JENKINTOWN PA 19046			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISON, ALAN			NAME			
STREET ADDRESS	101 WEST AVENUE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	JENKINTOWN PA 19046			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 *STEVEN H. FREIDBERG* **SIGNATURE REQUIRED** *2/11/02* **Date** *215 517 4950* **Daytime Phone #**

CR2E083 (4/02)