

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000301

1. Entity Name

ZELENKOFKSKE AXELROD CONSULTING, L.L.C.

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

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

Principal Place of Business

101 WEST AVENUE, SUITE 300
JENKINTOWN PA 19046

Mailing Address

101 WEST AVENUE, SUITE 300
JENKINTOWN PA 19046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-2887857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HIMMELREICH, JANET K**
STREET ADDRESS **101 WEST AVENUE, SUITE 300**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE **MM** ☐ Delete
NAME **FISHMAN, STEVE**
STREET ADDRESS **101 WEST AVENUE, SUITE 300**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE **MGR** ☐ Delete
NAME **LENTZ, GREG**
STREET ADDRESS **101 WEST AVENUE, SUITE 300**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE **MGR** ☐ Delete
NAME **MORRISON, ALAN**
STREET ADDRESS **101 WEST AVENUE, SUITE 300**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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. FREIDENBERG

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)