

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M98000000981

1. Entity Name
NEWEOL (DELAWARE), L.L.C.

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3190 TREMONT AVENUE
TREVOSE PA 19053-6693

Mailing Address
3190 TREMONT AVENUE
TREVOSE PA 19053-6644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
311 ELM STREET

3. Mailing Address
4126 NORLAND AVENUE

Suite, Apt. #, etc.
SUITE 1000

Suite, Apt. #, etc.

City & State
CINCINNATI, OH

City & State
BURNABY, BRITISH COLUMBIA

4. FEI Number
93-0188663

Applied For
Not Applicable

Zip
45202

Country
USA

Zip
V5G 3S8

Country
CANADA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS RYAN, ROGER
CITY-ST-ZIP 17088 S.E. 58TH STREET
BELLEVUE WA 98006 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003283755--6
CITY-ST-ZIP -06/09/00--01113--021
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS BISSONETTE, JEFFREY
CITY-ST-ZIP 3190 TREMONT AVENUE
TREVOSE PA 19053-6693 ☒ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR
STREET ADDRESS DACUS, MARY JANE
CITY-ST-ZIP 440 SOUTH STATE STREET, UNIT G8
NEWTON, PA 18940 ☒ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Ryan* SIGNATURE REQUIRED Roger C. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

April 18, 2000 (604) 293-7841
Date Daytime Phone #

CR 13 (9/93)