

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001187

1. Entity Name

REGULUS AMERICA, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2 International Plaza

Suite, Apt. #, etc.

Suite 650

City & State

Philadelphia PA

Zip

19113

Country

Country

USA

4. FEI Number

23-2974594

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Corporation Service Co.
1201 Hays St
Tallahassee, FL 32301

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Lester Stockel	
STREET ADDRESS	2 International Plaza Suite 650	
CITY-ST-ZIP	Phila PA 19113	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Richard Long	
STREET ADDRESS	2 International Plaza	
CITY-ST-ZIP	Suite 650 Phila PA 19113	
TITLE	President	<input type="checkbox"/> Delete
NAME	Kathy Hamburger	
STREET ADDRESS	2 International Plaza Ste 650	
CITY-ST-ZIP	Phila PA 19113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jeffrey P. Shen Secretary

3/18/01

610-362-7402

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

Date

Daytime Phone #

000117 0000000000