

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90089 033 ****50.00

DOCUMENT # M99000001492

1. Entity Name

NORTH FEDERAL HIGHWAY, L.L.C.

Principal Place of Business

**1735 MARKET STREET, 12TH FLOOR
MELLON BANK CENTER
PHILADELPHIA PA 19103**

Mailing Address

**1735 MARKET STREET, 12TH FLOOR
MELLON BANK CENTER
PHILADELPHIA PA 19103**

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

31-6159380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

TITLE **MGR** ☐ Delete
NAME **LAYMAN, RICHARD K**
STREET ADDRESS **1735 MARKET STREET, 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **MGR** ☐ Delete
NAME **HANDS, KATHLEEN M**
STREET ADDRESS **1735 MARKET STREET, 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **MGR** ☐ Delete
NAME **VANEZIALE, EUGENE J**
STREET ADDRESS **1735 MARKET STREET, 12TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

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

3/26/01
Date

215 476-3080
Daytime Phone #

CR2E0R3 (5/7/1)