FILED

(610)668-2540

2002 UNIFORM BUSINESS REPORT (UBR)

Bergen of Lake Gibson Land,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Barry Howard, Chaiman of the

SIGNATURE: _

Mar 05, 2002 8:00 am Secretary of State P01000045075 DOCUMENT # 1. Entity Name 03-05-2002 90095 002 ***150.00 BERGEN OF LAKE GIBSON LAND, INC. Principal Place of Business Mailing Address GSB BLDG., STE. 401 GSB BLDG., STE, 401 ONE BELMONT AVE. ONE BELMONT AVE. BALA CYNWYD PA 19004 BALA CYNWYD PA 19004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable 23-3081257 Zip. Country \$8.75 Additional 5. Certificate of Status Desired = ---Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHAŞSEE FL 32301 Zip Code 8. The above samed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) Addition ☐ Delete TITLE TITLE DILELLA, DANIEL M NAME NAME ONE BELMONT AVE., STE. 401 STREET ADORESS STREET ADDRESS BALA CYNWYD PA 19004 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE HOWARD, BARRY NAME NAME STREET ADDRESS ONE BELMONT AVE., STE. 401 STREET ADDRESS BALA CYNWYD PA 19004 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE VAS □ Change XAddition TITLE NAME NAME PASQUARELLA, ARTHUR P STREET ADDRESS STREET ADDRESS ONE BELMONT AVE., STE. 401 CITY-ST-ZIP CITY-ST-7IP BALA CYNWYD PA 19004 ☐ Change ★ Addition TITLE ☐ Delete TITLE NAME NAME WILLIAMS, SCOTT A STREET ADDRESS STREET ADDRESS ONE BELMONT AVE., STE 401 CITY-ST-ZIP CITY-ST-ZIP BALA CYNWYD PA 19004 Delete TITLE Change [X] Addition TITLE VTAS NAME NAME MALONEY, ROBERT K STREET ADDRESS STREET ADDRESS DNE BELMONT AVE., STE. 401 CITY-ST-ZIP CITY-ST-ZIP BALA CYNWYD PA 19004 Delete TITI F ☐ Change X Addition NAME PERRY, ROY C STREET ADDRESS DNE BELMONT AVE., STE 401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>BALA CYNWYD PA 19004</u> 13. 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 or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Board