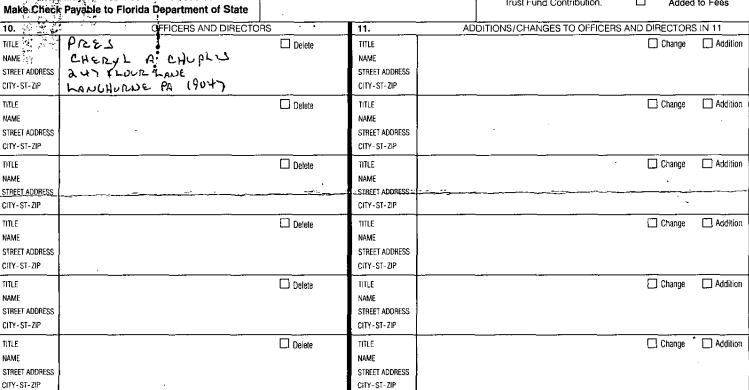
Apr 17, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**) P02000074947 DOCUMENT # 04-17-2003 90611 036 ***150.00 1. Entity Name CHARLSEY, INC Principal Place of Business Mailing Address 247 FLOUR LANE 247 FLOUR LANE LANGHORNE PA 19047 LANGHORNE PA 19047 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 32.0024495 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEXIS NEXIS DOCUMENT SOLUTIONS INC Street Address (P.O. Box Number is Not Acceptable) 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 City 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. я Н 🤟 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 \$150.00 The May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 🌂 🗟 PRES CRZE034 (10/02) ☐ Delete TITLE Change ☐ Addition NAME :: CHERYL A CHUPLY NAME STREET ADDRESS 247 KLOUR LANE STREET ADDRESS ANCHURNE PA 19047 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

FILED



12. Thereby 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 supplemental 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 10 or Block 11 if changed, or on an attachment

SIGNATURE: