

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P04920**

1. Entity Name

CENTRAL LOCATING SERVICE, LTD. CORPORATION

Principal Place of Business

**708 BLAIR MILL RD
WILLOW GROVE PA 19090
US**

Mailing Address

**708 BLAIR MILL RD
WILLOW GROVE PA 19090
US**

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 **16-1183920**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LANZAFAME, SAMUEL J.	
STREET ADDRESS	425 ELIZABETH ST.	
CITY-ST-ZIP	ONEIDA NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAITI, ROBERT J	
STREET ADDRESS	10140 PENNYMIX RD.	
CITY-ST-ZIP	CAMDEN NY 13316	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DWYER, JOSEPH P	
STREET ADDRESS	419 SHOEMAKER WAY	
CITY-ST-ZIP	LANSDALE PA 19446	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	RAITI, ROBERT J	
STREET ADDRESS	10140 PENNYMIX RD.	
CITY-ST-ZIP	CAMDEN NY 13316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD W. STEEG	
STREET ADDRESS	211 S. MORRIS ST	
CITY-ST-ZIP	OXFORD MD 21654	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT M. ASPLUNDH	
STREET ADDRESS	1591 HAMPTON ROAD	
CITY-ST-ZIP	MEADOWBROOK PA 19046	

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY - TREASURER

01/09/01

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90005 004 ***150.00

901147

DO NOT WRITE IN THIS SPACE

0443501

CR2E034 (10/00)