## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P06917** Mar 13, 2000 8:00 am Secretary of State ASSOCIATION CONSULTANTS, INC. 03-13-2000 90012 030 \*\*\*150.00 Mailing Address Principal Place of Business 600 WEST FULTON STREET 20 MOORES RD. FRAZER PA 19355-1114 CHICAGO IL: 60661-1110 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 36-3340427 Not Applicable Country Zip Country Zin. \$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 Name DIBARTOLOMEO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 8400 BIRD ROAD **MIAMI FL 33155** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition S TITLE Change **X** Delete TITLE NAME Hugh McAdorey NAME HAAS, SARA STREET ADDRESS STREET ADDRESS 520 Park Avenue 20 MOORES RD CITY-ST-ZIP CITY-ST-ZIP Baltimore, MD 21201 Frazer Pa ☐ Addition ☐ Change ☐ Delete TITLE TITLE NOONE, JOSEPH C NAME STREET ADDRESS STREET ADDRESS 20 MOORES RD. CITY-ST-ZIP CITY-ST-7IP FRAZER PA Change Addition TITLE TITLE TD ■ Delete Brian A. Smith NAME NAME Brady, Dennis E STREET ADDRESS 20 Moores Road STREET ADDRESS 20 MOORES RD CITY-ST-ZIP Frazer, PA 19355 CITY-ST-ZIP FRAZER PA ☐ Change ☐ Addition TITLE TITLE AS Delete NAME NAME LYONS, COLLEEN S STREET ADDRESS STREET ADDRESS 400 W MARKET ST CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eport 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.

川流三[Brian A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/2/00

Date

610-648-5000<sup>-</sup>

Davtime Phone #