

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90125 034 ***150.00

0001237 AV

DOCUMENT # P09749

1. Entity Name
RADNOR/EDGEWATER, INC.

Principal Place of Business

**1801 MARKET ST
 PHILADELPHIA PA 19103
 US**

Mailing Address

**1801 MARKET ST
 PHILADELPHIA PA 19103
 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 **23-2402273**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	MULHOLLAND, P. A.	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HANISCH, R	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	S	<input type="checkbox"/> Delete
NAME	GERNER, E.C.	
STREET ADDRESS	1801 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FRITSCH, JUDITH A	
STREET ADDRESS	1801 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	MCKEEVER, JOHN J	
STREET ADDRESS	1801 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Remove Treasurer	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George J. Szulier	
STREET ADDRESS	1801 Market Street	
CITY-ST-ZIP	Philadelphia PA 19103	

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 Required

1/17/02

215-977-6648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)