2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P10704

1. Entity Name

MODERN WOMAN, INC.

Principal Place of Business	Mailing Address
% TAX DEPARTMENT ~~1850 COLONIAL VILLAGE LANE~~ ~~LANCASTER PA 17601~~	% TAX DEPARTMENT ~~1850 COLONIAL VILLAGE LANE~~ ~~LANCASTER PA 17601-0701~~

3750 State Rd 7-B-13 Bensalem PA 19

2. Principal Place of Business 3750 STATE Rd

Suite, Apt. #, etc. 7B.13

City & State Bensalem PA

Zip 19020 Country

3. Mailing Address 3750 STATE R

Suite, Apt. #, etc. 7813

City & State Bensalem PA

Zip 19020 Country

4. FEI Number 95-2632868

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 _____

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, 2000 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	D	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	PAINTER, JAMES R		NAME			
STREET ADDRESS	1850 COLONIAL VILLAGE LANE		STREET ADDRESS			
CITY-ST-ZIP	LANCASTER FL 17601		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LYON, GLENN		NAME			
STREET ADDRESS	1359 BROADWAY, SUITE 1100		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LYON, GLENN		NAME			
STREET ADDRESS	1359 BROADWAY STE 1100		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10018		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LONGSHAW, SHARON K		NAME			
STREET ADDRESS	1850 COLONIAL VILLAGE LANE		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10018		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SYRACUSE, DENNIS		NAME			
STREET ADDRESS	1850 COLONIAL VILLAGE LANE		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 17601		CITY-ST-ZIP			
TITLE	CEO	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	PAINTER, JAMES R		NAME			
STREET ADDRESS	1850 COLONIAL VILLAGE LANE		STREET ADDRESS			
CITY-ST-ZIP	LANCASTER PA 17601		CITY-ST-ZIP			

CR2E034 (9/99)

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: _Laura McClure_   Date 1/20/2000   Daytime Phone # 215 638 6739

Glenn Lyon   3/9/00