

2000 UNIFORM BUSINESS

DOCUMENT # P11757

1. Entity Name

MATLACK, INC. OF PENNSYLVANIA

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90208 042 ***150.00

Principal Place of Business

ONE ROLLINS PLAZA
POST OFFICE BOX 8789
WILMINGTON DE 19899

Mailing Address

ONE ROLLINS PLAZA
POST OFFICE BOX 8789
WILMINGTON DE 19899-8789

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-1283368

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
TRIPPITELLI, GERARD J.
2 SHADOW LANE
CHADDS FORD PA☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVP
MORLINO, ROBERT J.
436 MERRICK LANE
KENNETT SQUARE PA☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
BELOHOUBEK, KLAUS M
602 WILLOW GLEN ROAD
KENNETH SQUARE PA☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete12. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP
Michael B Kinnead
23 Shadow Lane
Chadcs Ford Pa 19317☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
ELIA D Trowbridge
365 Heather Hills Dr
Lansdowne Pa 19350☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #