

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90002 033 ***550.00

0132991 AT

DOCUMENT # P17025			
1. Entity Name RADNOR/WILLOUGHBY CORPORATION			
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 1801 Market Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 17th Floor	
City & State		City & State Phila PA	
Zip	Country	Zip	Country
19103	US	19103	US



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2487658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MULHOLLAND, P.A.		NAME	Mulholland, P.A.			
STREET ADDRESS	1801 MARKET ST		STREET ADDRESS	1801 Market Street			
CITY-ST-ZIP	PHILADELPHIA PA 19103		CITY-ST-ZIP	Philadelphia PA 19103			
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GERNER, E.C.		NAME				
STREET ADDRESS	1801 MARKET ST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19103		CITY-ST-ZIP				
TITLE	SV	<input type="checkbox"/> Delete	TITLE	AV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANISCH, RUDOLPH		NAME	HANISCH, Rudolph			
STREET ADDRESS	1801 MARKET STREET		STREET ADDRESS	1801 Market Street			
CITY-ST-ZIP	PHILADELPHIA PA 19103		CITY-ST-ZIP	Philadelphia PA 19103			
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRITSCH, JUDITH A		NAME				
STREET ADDRESS	1801 MARKET STREET		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19103		CITY-ST-ZIP				
TITLE	ASAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCKEEVER, JOHN J		NAME				
STREET ADDRESS	1801 MARKET STREET		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19103		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	Szilier, George J.			
STREET ADDRESS			STREET ADDRESS	1801 Market Street			
CITY-ST-ZIP			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]* **7/17/01** **215-977-6648**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)