FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17048

1. Entity Name
Mother's Work, Inc.

FILED
02 AUG 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
456 North Fifth Street	456 North Fifth Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Phila., PA	City & State: Phila., PA
Zip: 19123 Country: USA	Zip: 19123 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3045573 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	CEO & Director	TITLE	
NAME	Dan W. Matthias	NAME	
STREET ADDRESS	456 North Fifth Street	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19123	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Rebecca C. Matthias	NAME	600007343886--7
STREET ADDRESS	456 North Fifth Street	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19123	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Edward M. Krell	NAME	**DO NOT WRITE**
STREET ADDRESS	456 North Fifth Street	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19123	CITY-ST-ZIP	
TITLE	Secretary	TITLE	**IN THIS SPACE**
NAME	Craig A. Swartz	NAME	
STREET ADDRESS	456 North Fifth Street	STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19123	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: Edward M. Krell 8/16/02 215-873-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 2 of 2

P170048

ACCOUNT NO. : 072100000032

REFERENCE : 717961 4308005

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 567.50

ORDER DATE : August 23, 2002

ORDER TIME : 10:26 AM

ORDER NO. : 717961-020

CUSTOMER NO: 4308005

CUSTOMER: Maria Decarlo, Legal Asst
Pepper Hamilton Llp
3000 Two Logan Sq.
18th And Arch Streets
Philadelphia, PA 19103

ANNUAL REPORT FILING

NAME: MOTHER'S WORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
TWO CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____