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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| DOCUMENT # P17817 1. Entity Name INTER-SPACE SERVICES, INC. | | | | | Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90024 004 ***150.00 | | | | | |
|---|--|---|--|------------------------------|--|---------------------|--------------|-------------|-------------------------------|--|
| Principal Plac | te of Business | Mailing Address | | | | | | | | |
| 4635 CRACKERSPORT RD 4635 CRACKERSPORT RD ALLENTOWN PA 18104-9597 ALLENTOWN PA 18104-9597 | | | | 6 0 | 649 | 7 | | | | |
| | | | | | 1 2 4 1 12 8 1 2 110 11 | | _ • | • |) 8 1811 2 81 1 | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN | THIS SPAC | E | | | |
| City & State | | City & State | | | . FEI Number | 23-1940160 | - | | plied For t Applicable | |
| Zip | Country | Zip | Country | | 6. Certificate of S | Status Desired [| \$8. | 75 Add | litional | |
| ~ | 6. Name and Address of Current R | egistered Agent | | | ."Name and Ad | dress of New Regis | tered Agen | t T | | |
| 14 MI T | D400404 | | Na | me | | | | | ļ | |
| WILT, BARBARA 1671 40 ST. | | Str | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| WES | T PALM BEACH FL 33407 | | ĺ | | | | | | | |
| | | | Cit | у | | | FL | Zip Code |) | |
| Tax filing | Signature, typed or printed name of registered agent an oration is eligible to satisfy its intangible requirement and elects to do so, ria on back). | FILE NOW!!! After MAY 1, 200 Make Check Payable | FEE IS \$ | ne \$550.00 ment of State | 10. Election Trust F | n Campaign Financi | | Ådded | 0 May Be to Fees | |
| 11. | OFFICERS AND D | | 12. | | ADDITIONS/CH | ANGES TO OFFICER | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PCED LIEBERMAN, MARIANNE 4635 CRACKERSPORT RD ALLENTOWN PA 18104-9597 | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | ι | | | ال | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C STRACIA, DEBORAH 4635 CRACKERSPORT RD ALLENTOWN PA 18104-9597 | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | l l | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | DV LIEBERMAN, MARK T 4635 CRACKERSPORT RD ALLENTOWN PA 18104-9597 | Delete | TITLE , NAME STREET ADD CITY-ST-ZIF | 1 | | | ~(~) | Change | Addition - | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCGUIRE, MOLLY 4635 CRACKERSPORT RD ALLENTOWN PA 18104-9597 | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | l l | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FRICK, RICHARD 4635 CRACKERSPORT RD | ☐ Delete | TITLE NAME STREET ADDI | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ALLENTOWN PA 18104-9597 V ANDERS, CHERYL 4635 CRACKERSPORT RD ALLENTOWN PA 18104-9597 | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | RESS | | | <u> </u> | Change | ☐ Addition | |
| indicated | certify that the information supplied with to l on this report or supplemental report is to reporation or the receiver or trustee empoy | rue and accurate and that my | / signature s | hall have the san | ne legal effect as | if made under oath; | that I am ar | officer | or director | |

1/12/01 Date

800-628-6800