

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90052 046 \*\*\*158.75

UBR 101

**DOCUMENT # P18828**

1. Entity Name

**TRI-ARC FINANCIAL SERVICES, INC.**

Principal Place of Business

**983 OLD EAGLE SCHOOL RD  
 SUITE 616  
 WAYNE PA 19087  
 US**

Mailing Address

**P.O. BOX 6745  
 WAYNE PA 19087  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-2517668**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

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, 2002 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 **CD**  Delete  
 NAME **YOSKIN, JON W**  
 STREET ADDRESS **1806 PINE STREET**  
 CITY-ST-ZIP **PHILADELPHIA PA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TPD**  Delete  
 NAME **MAIDA, RICHARD C**  
 STREET ADDRESS **516 IRONWOOD WAY**  
 CITY-ST-ZIP **DRESHER PA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HAMMER, FREDERICK**  
 STREET ADDRESS **520 MEADOWBROOK CIRCLE**  
 CITY-ST-ZIP **ST DAVIDS PA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **GOLDSTEIN, WILLIAM**  
 STREET ADDRESS **787 TREPANY LANE**  
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **FISCHER, GLENN**  
 STREET ADDRESS **10336 WETHERBURN RD.**  
 CITY-ST-ZIP **WOODSTOCK MD 21163**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SUHEY, STEPHEN**  
 STREET ADDRESS **706 LARI DAWN**  
 CITY-ST-ZIP **SAN ANTONIO TX 78258**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Richard C. Maida **Richard C. Maida**

1/4/02 Date

610-254-9890 Daytime Phone #

CR2E034 (9/01)