

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90520 013 ***150.00

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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
Suite, Apt. #, etc.

3. Mailing Address
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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD YOSKIN, JON W 1606 PINE STREET PHILADELPHIA PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD MAIDA, RICHARD C 516 IRONWOOD WAY DRESHER PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMER, FREDERICK 520 MEADOWBROOK CIRCLE ST DAVIDS PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDSTEIN, WILLIAM 787 TREPANY LANE WAYNE PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, GLENN 10336 WETHERBURN RD. WOODSTOCK MD 21163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUHEY, STEPHEN 706 LARI DAWN SAN ANTONIO TX 78258

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition YOSKIN, JON W 1 BRIGHTVIEW AVE HOBE SOUND FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard C. Maida **Richard C. Maida** **JAN. 16 2003** **610-254-9890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)