

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90145 017 ***150.00

33003783



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P21840

1. Entity Name
LAUREL OAK REALTY CORPORATION



Principal Place of Business
**1801 MARKET STREET, 17TH FLOOR
PHILADELPHIA PA 19103
US**

Mailing Address
**1801 MARKET STREET, 17TH FLOOR
PHILADELPHIA PA 19103
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-2533524

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MULHOLLAND, PAUL A**
CITY-ST-ZIP **TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA PA 19103**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPT**
STREET ADDRESS **SZILIER, GEORGE J**
CITY-ST-ZIP **TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA PA 19103**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **AVP**
STREET ADDRESS **HANISCH, RUDOLF**
CITY-ST-ZIP **TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA PA 19103**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AVP**
STREET ADDRESS **SHERRILL, WILLIAM A**
CITY-ST-ZIP **TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA PA 19103**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **GERNER, ELRIC C**
CITY-ST-ZIP **TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA PA 19103**

☒ Change ☐ Addition
TITLE **AS**
NAME **GERNER, ELRIC, C.**
STREET ADDRESS **1801 MARKET St, 17th Floor**
CITY-ST-ZIP **Philadelphia, PA 19103**

TITLE ☒ Delete
NAME **AS**
STREET ADDRESS **FRITSCH, JUDITH A**
CITY-ST-ZIP **TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA PA 19103**

☐ Change ☒ Addition
TITLE **S**
NAME **DELUCIDO, LORRIE**
STREET ADDRESS **1801 Market St, 17th Floor**
CITY-ST-ZIP **Philadelphia, PA 19103**

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: *LORRIE DELUCIDO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2003

Date

215-977-6236

Daytime Phone #

CR2E034 (10/02)