	BUGINESS	DEDADT	/HDD
2002 UNIFORM	BUSINESS	REPURI	(UDN

DOCUMENT # P29457 1. Entity Name PROPERTIES OF EAST \FLORIDA\ INC.						Secretary of State 02-01-2002 90041 039 ***150.00					
HOLL RICHARD L ALOU ONE MELLON BANK CENTER ROOM 4850 LEGAL			PHILADELPHIA PA 1910	OUIST, VIRGINIA GAL AFFAIRS 8TH FL 1735 MARKET ST HLADELPHIA PA 19103							
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State		4.	4. FEI Number Applied For Not Applicable					
Zip Country		Zip	Zip Country		5.	5. Certificate of Status Desired					
	6. Name	and Address of Current R	egistered Agent		Name	7.	Name and A	ddress of Nev	Registered A	gent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324											
					City				FL	Zip Code	9
Tax filling r	oration is elig	or printed name of registered agent and ible to satisfy its Intangible and elects to do so.	FILE NOV After May 1, 2 Make Check Pay	V!!! FEE 2002 Fee	IS \$150.0 will be \$55	50.00	10. Elec	tion Campaign t Fund Contribu			O May Be to Fees
11.		OFFICERS AND D	IRECTORS	12.			DDITIONS/C	HANGES TO C	FFICERS AND	DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE MEL	HERMAN L. LON CENTER ROOM 15: IGH PA 15258-0001	i⊿ Delete		E E EET ADDRESS - ST-ZIP	DPC J. Da One n Pilksk	vid H nellon ovah	hompso Center	n . Roor Isass -	□ Change n 153 - 1000 1	Addition 35
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYCE, D ONE MEL		□ Delete		E	VP Alber	4.00.1	acime n Cente n P	er -	□ Change	Addition 345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANGFOR ONE MEL	D, DON A LON CENTER ROOM 153 IGH PA 15258-0001	Delete		[]	_			Room	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, M ONE MEL	IICHAEL J LON CENTER ROOM 772 PHIA PA 19101	Delete		ε †	Une M	oh P. H nellon sbura	Conter	, Room	□ Change □ 48 c	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCIULLO, ONE MEL	Joanne e Lon Center Room 772 IGH PA 15258-0001	Delete		1.	AT Joans One 1	ne 5. t	tuber Conter		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				7,	•	-	☐ Change	☐ Addition

SIGNATURE:

oanne S. Huber

13. Thereby 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.

412-234-1334 Daytime Phone #