

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90061 044 ***150.00

DOCUMENT # P31709

1. Entity Name

DAY & ZIMMERMANN NPS, INC.

Principal Place of Business

**1818 MARKET STREET
 PHILADELPHIA PA 19103**

Mailing Address

**1818 MARKET STREET
 PHILADELPHIA PA 19103**

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 **23-2499111**

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

TALLAHASSEE

FL

32301

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

Maureen Cullen Asst V.P.

4/24/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MCMARON, MICHAEL	
STREET ADDRESS	1818 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HORN, AYLICIA	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MCKINNEY, JOSEPH E.	
STREET ADDRESS	1818 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SACCOCCIA, MICHAEL F	
STREET ADDRESS	1818 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	REDDINGTON, TIM J	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAULL, ROBERT	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, JAMES A.	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215 2998074

CR2E034 (10/00)