

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90133 013 ***150.00

DOCUMENT # P39698

1. Entity Name
TRIVERSITY CORPORATION

Principal Place of Business Mailing Address
311 SINCLAIR ST **311 SINCLAIR ST**
BRISTOL PA 19007 **BRISTOL PA 19007**

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 Applied For
23-2329088 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1261 HAYS STREET
SUITE 105
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete
NAME	THOMAS, DAVID
STREET ADDRESS	311 SINCLAIR ST
CITY-ST-ZIP	BRISTOL PA 19007
TITLE	TS <input type="checkbox"/> Delete
NAME	AUUSLANDER, JOSHUA
STREET ADDRESS	311 SINCLAIR ST
CITY-ST-ZIP	BRISTOL PA 19007
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	THOMAS, DAVID
STREET ADDRESS	311 SINCLAIR ST
CITY-ST-ZIP	BRISTOL PA 19007
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS, DAVID
STREET ADDRESS	311 SINCLAIR ST
CITY-ST-ZIP	BRISTOL PA 19007
TITLE	D <input type="checkbox"/> Delete
NAME	ENGLAND, DONALD
STREET ADDRESS	311 SINCLAIR ST
CITY-ST-ZIP	BRISTOL PA 19007
TITLE	D <input type="checkbox"/> Delete
NAME	WOLF, PETER
STREET ADDRESS	311 SINCLAIR ST
CITY-ST-ZIP	BRISTOL PA 19007

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 ICA empowered.

SIGNATURE: *Donald England* **Donald England** 1-28-02 215-785-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)