

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90352 010 \*\*\*150.00

**DOCUMENT # P92000005713**

1. Entity Name  
**CCF MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**188 INVERNESS DR WEST  
STE 600  
ENGLEWOOD CO 80112  
US**

Mailing Address  
**P O BOX 5630  
DENVER CO 80217-5630  
US**

2. Principal Place of Business  
**1500 MARKET ST.**

3. Mailing Address  
**1500 MARKET ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PHILADELPHIA PA**

City & State  
**PHILADELPHIA PA**

Zip  
**19102-2148**

Country  
**USA**

Zip  
**19102-2148**

Country  
**USA**

4. FEI Number  
**05-0468257**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 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 \_\_\_\_\_  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHLEYER, WILLIAM T 188 INVERNESS DR W ENGLEWOOD CO 80112</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SHANK, JOHN L 188 INVERNESS DR W ENGLEWOOD CO 80112</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S BAILEY, RICK D 188 INVERNESS DR W ENGLEWOOD CO 80112</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DWYER, EDWARD M 188 INVERNESS DR W ENGLEWOOD CO 80112</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AT HUSEBY, MICHAEL P 188 INVERNESS DR W ENGLEWOOD CO 80112</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ABRAM E. PATLOVE 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY WILLIAM E. DORDELMAN 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR ABRAM E. PATLOVE 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR JUDIE M. DIONGLAY 1500 MARKET ST. PHILADELPHIA PA 19102-2148</b>	<input type="checkbox"/> Change <input checked="" 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:** *STEPHEN BACKSTROM* **STEPHEN BACKSTROM** **4/16/03** **215-981-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)