2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P93000043205

1. Entity Name
HR LOGIC ADMINISTRATIVE SERVICES, INC

FILED

00 APR 25 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
43RD STREET WEST
[illegible] FL 34209

Mailing Address
402 43RD STREET WEST
BRADENTON FL 34209-2952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2621 VAN BUREN AVE. Suite, Apt. #, etc.
City & State	City & State: NORRISTOWN PA
Zip / Country	Zip: 19403 / Country: USA

4. FEI Number: 65-0419802 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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.

SIGNATURE _____ 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, 2000 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
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP see attached	TITLE PRESIDENT & CEO / DIRECTOR ☐ Change ☒ Add NAME CRAIG P. COY STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE EXEC. V.P / DIRECTOR ☐ Change ☒ Add NAME ANEN A. KERR STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE SECRETARY / DIRECTOR ☐ Change ☒ Add NAME CHRISTINA D. HARRIS STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE TREASURER / DIRECTOR ☐ Change ☒ Add NAME EDWIN A. NEUMANN STREET ADDRESS 2621 VAN BUREN AVE CITY-ST-ZIP NORRISTOWN PA 19403
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add LS
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 500003246075--5 -05/10/00--01012--003 ****150.00 ****150.00

13. I hereby 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 or on an attachment with an "X" in Block 11.

SIGNATURE: EDWIN A. NEUMANN 4/5/2000 610-650-4813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR