2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

101 EAST STATE STREET

KENNETT SQUARE PA 19348

P93000069989

Mailing Address

101 EAST STATE STREET

KENNETT SOUARE PA 19348

1. Entity Name EIDOS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90239 032 ***150.00

90021819

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Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4.550					
<u> </u>		Country		on, e side					16-1447586			ot Applicable	
Zip	Cour	Country			5. Certificate of Status Desired								
	6Name	and Address of Curren	t Register	ed Agent				7. N	Name and Address of New Regis	tered A	gent		
C T COD		Name											
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD						1							
PLANIAI	ion FL 333	24											
						City				FL	Zip Cod	е	
8. The above	named entity	y submits this statement t	or the pur	pose of changing its	registere	ed office o	r registere	ed age	ent, or both, in the State of Florida	I am fa	_L ımiliar with,	and accept	
the obligat	tions of regist	ered agent.			J		ŭ	J			,		
SIGNATURE									,				
SIGNATURE :	Signature, typed	or printed name of registered agen	t and title if ap	plicable. (NOTE	: Registere	d Agent signat	ure required	when rei	instating)	DATE			
F	ILE NOW!!	! FEE IS \$150.00		Ţ	•	,			***************************************		•	,	
		3 Fee will be \$550.00							9. Election Campaign Financi	_		May Be	
Make Check	k Payable to	Florida Department	of State						Trust Fund Contribution.	Li	Added	f to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			ADI	DITIONS/CHANGES TO OFFICER	S AND I	DIRECTOR!	S IN 11	
TITLE	D			Delete	TITLE		c/ce	$\overline{\Delta}$			☐ Change	Addition	
NAME		MICHAEL R		•	NAM	E			FISH			·	
STREET ADDRESS		STATE STREET		,	•	ET ADDRESS			STATE STREET	_			
CITY-ST-ZIP	KENNETT	SQUARE PA 19348			CITY	-ST-ZIP		ON (SQUARE PA 19348	<u> </u>			
TITLE	D			Delete	TITLE		AV		da		Change	🔀 Addition	
NAME		RICHARD R			NAM				SCHUEFTAN			.]	
STREET ADDRESS CITY-ST-ZIP		STATE STREET SQUARE PA 19348	_			ET ADORESS - St- Zip			STATE STREET				
	VP	SOUNIL FA 19040	. • *	(m)	1				TSQUARE PA 1934				
TITLE NAME		EORGE V JR		Delete	TITLE		VP C	20	e hager	•	Change	☐ Addition	
STREET ADDRESS		STATE STREET				et address	الالحادا	K (> 1	state street				
CITY-ST-ZIP		SQUARE PA 19348				-ST-ZIP				848			
TITLE	VP	•		☐ Delete	TITLE	:			1 3-(01) 11) (11		☐ Change	☐ Addition	
NAME	MCKEON,	JAMES V		_ Delete	NAME		İ			'	ondrige		
STREET ADDRESS		STATE STREET		•	STRE	ET ADDRESS		,				`	
CITY-ST-ZIP	KENNETT	SQUARE PA 19348			CITY	-\$T-ZIP							
TITLE	S			☐ Delete	TITLE				4		☐ Change	☐ Addition	
NAME		LER, JAMES J			NAME					•		—.	
STREET ADDRESS		STATE STREET		•	STRE	ET ADDRESS	_				,	1	
CITY-ST-ZIP	KENNETT	SQUARE PA 19348			CITY-	-ST-ZIP			·				
TITLE	T			☐ Delete	TITLE						Change	☐ Addition	
NAME		D, BARBARA J			NAME								
STREET ADDRESS		STATE STREET				ET ADDRESS			* 4				
CITY-ST-ZIP		SQUARE PA 19348				ST-ZIP							
12. Thereby o	ertify that the	information supplied wit	h this filing	does not qualify for	the exer	nption stat	ed in Sec	tion 1	19.07(3)(i), Florida Statutes, I furth	er certif	v that the in	formation	

2. 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 be executed 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 610-925-432

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