## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90356 047 \*\*\*150.00

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1. Entity Name

Keystone-West Palm Beach Property Holding



## DO NOT WRITE IN THIS SPACE

2. Principal Place	of Business	3. Mailing Address				
1600 Isla	nd Shores Dr.	1600 Islan	1600 Island Shores Dr.			
Suite, Apt. #, et	lc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State		City & State	City & State			
West Palm	Beach, FL	West Palm	West Palm Beach, FL			
Zip	Country	Zip	Country			
33413	USA	33413	USA			

11037044

4. FEI Number

DO NOT WRITE IN THIS SPACE

65-0576758

Applied For

CR2E034B (12/02)

Zip Code

West Palm Bea	ch, FL	West Palm	Beach, FL	03-03/0/38	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
33413	USA	33413	USA	5. Octimicate of otalos pesites	Fee Required	
				7. Name and Address of Current Registered Agent		
			Name Co	rporation Service Company		
	O NOT WI	***	Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
	N THIS SP	ACE	1201 н	avs St.		

City Tallahassee 32301-2525 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, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing **\$5.00** May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE NAME Grossman, James H., Jr. NAME 5 N. 5th St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Harrisburg, PA 17101 TITLE NAME NAME Stalter, William P. STREET ADDRESS STREET ADDRESS 5 N. 5th St. CITY-ST-7IP Harrisburg, PA 17101 CITY ST-ZIP TITLE TITLE NAME Spiller, Charles NAME STREET ADDRESS 5 N. 5th St. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Harrisburg, PA 17101 IN THIS SPACE NAME: Hamel, Kevin M. STREET ADDRESS: STREET ADDRESS 242 Trumbull St. CITY-ST-ZIP Hartford, CT 06103-1212 CITY-ST-ZIP TITLE TITLE Missal, Barbara A. NAME NAME 242 Trumbull St. STREET ADDRESS STREET ADDRESS Hartford, CT 06103-1212 CITY-ST-ZIP City-st-zip TITLE TITLE NAME (L) NAME Migliore, Angela M. STREET ADDRESS 242 Trumbull St. STREET ADDRESS CITY - ST- ZIP = Hartford, CT 06103-1212

12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie C. Reddington, Secretary

616-9000