FILED
Jul 02, 2002 8:00 am
Secretary of State
05-24-2002 91335 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060130

1. Entity Name

OSPREY INVESTMENT CAPITAL MANAGEMENT CORPORATION

DO NOT WRITE IN THIS SPACE

[redacted] 96254

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 Seabreeze Blvd.	111 Presiential Blvd.
Suite, Apt. #, etc.: Management Office	Suite, Apt. #, etc.: Suite 230
City & State: Daytona Beach, FL	City & State: Bala Cynwyd, PA
Zip: 32118 Country: USA	Zip: 19004 Country: USA

4. FEI Number: 59-3341156 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent:

Name: Stanton L. Triester

Street Address (P.O. Box Number is Not Acceptable): 101 Seabreeze Blvd. Management Office

City: Daytona Beach, FL Zip Code: 32118

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: DCEO NAME: Triester, Stanton L. STREET ADDRESS: 101 Seabreeze Blvd. CITY-ST-ZIP: Daytona Beach, FL 32118	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DP NAME: Triester, David E. STREET ADDRESS: 711 Mt. Pleasant Road CITY-ST-ZIP: Bryn Mawr, PA 19010	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: Norsworthy, Jean STREET ADDRESS: 111 Presidential Blvd., #230 CITY-ST-ZIP: Bala Cynwyd, PA 19004	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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

SIGNATURE: X _____ April 29, 2002 (610) 667-5400
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #