2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 7950000 68458 Sep 11, 2000 8:00 am Secretary of State Travelways of Horida Charler Busing, Inc. 09-11-2000 90072 024 ***558.75 1100 Lee Wagner Boulevard Suite 203 Ft. Lauderdale, FL, 33315 A0075827 1100 Lee Wagner Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 105-062445 Lauderdale, FL Not Applicable \$8.75 Additional Zip Ü ŠA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sterbinsky Street Address (P.O. Box Number is Not Acceptable) Zip Code 3a8a4 Oriando this statement for the purpose of changing its redigtered office or registered agent, or both, in the State of Florida 8. The above named/entity submit SIGNATURE n reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! REE IS \$150.00 .10 Election.Campaign.Einancing \$5.00-May-Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change ■ Addition P/D Delete TITLE Boucher, barid M. NAME NAME STREET ADDRESS STREET ADDRESS Sonfry Parkway, Si Bell, PA 19422 Suite 250 CITY-ST-ZIP CITY-ST-7IP lue Change ☐ Addition TITLE CFO Delete sterbinsky, Gary 10360 General brive NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP orlando. FL. CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE Robert H. NAME NAME Route 9 North STREET ADDRESS STREET ADDRESS Howell, NJ CITY-ST-ZIP CITY-ST-ZIP 07731 ☐ Delete Change Addition TITLE TITLE Conicelli, Hank NAME NAME 610 Sentry Parkway, Swite 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Blue Bell, PA 19423 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an addiese, with all other like empowered. SIGNATURE: OF SIGNING OFFICER OR DIRECT



0000068459 A0075827

Sept. 6,2000

To Whom It May Concern

Please Mail the Certificate of Status to our Orlando Office:

Travelways 10360 General Drive Orlando, FL 32824

If there are any problems please call Steve Sellberg in the Orlando office 407-240-3565 ext 2263

Thank You