

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90070 041 ***150.00

05/8154 AT

DOCUMENT # P96000042873

1. Entity Name
ALLIED/STANLEY, INC.

Principal Place of Business Mailing Address
C/O URDANG & ASSOC REAL ESTATE ADVISORS **C/O URDANG & ASSOC REAL ESTATE ADVISORS**
630 GERMANTOWN PIKE, STE. 321 **630 GERMANTOWN PIKE, STE. 321**
PLYMOUTH MEETING PA 19462 **PLYMOUTH MEETING PA 19462**

88855500



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2851348**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 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, 2002 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 IN 11

TITLE **DP** ☐ Delete
 NAME **URDANG, E. SCOTT**
 STREET ADDRESS **630 W. GERMANTOWN PIKE, STE. 321**
 CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☐ Change ☒ Addition
 NAME **Mark B. Greco**
 STREET ADDRESS **630 W Germantown Pike, Suite 321**
 CITY-ST-ZIP **Plymouth Meeting, PA 19462**

TITLE **VS** ☐ Delete
 NAME **BLUM, DAVID J.**
 STREET ADDRESS **630 WEST GERMANTOWN PIKE, STE. 321**
 CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **NOVICK, STEVEN C.**
 STREET ADDRESS **630 GERMANTOWN PIKE, STE. 321**
 CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SANFILIPPO, VINCENT**
 STREET ADDRESS **630 WEST GERMANTOWN PIKE, STE. 321**
 CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FERST, RICHARD J**
 STREET ADDRESS **630 W GERMANTOWN PIKE, SUITE 321**
 CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **BRIDDELL, E. TODD**
 STREET ADDRESS **630 W GERMANTOWN PIKE, SUITE 123**
 CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(j), 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 address, with another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 610 834-9500
 Date Daytime Phone #

CR2E034 (9/01)