

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90063 024 ***150.00

DOCUMENT # P97000073764

1. Entity Name
BOCA/CONGRESS, INC.

Principal Place of Business **Mailing Address**
GSB BUILDING, 1 BELMONT AVE., STE. 401 **GSB BUILDING, 1 BELMONT AVE., STE. 401**
BALA CYNWYD PA 19004 **BALA CYNWYD PA 19004**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-2943649** **Applied For**
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 | PAS | <input type="checkbox"/> Delete |
| NAME | DILELLA, DANIEL M | |
| STREET ADDRESS | GSB BLDG STE 401 ONE BELMONT AVE | |
| CITY-ST-ZIP | GALA CYNWYD PA 19004 | |
| TITLE | CVAS | <input type="checkbox"/> Delete |
| NAME | HOWARD, BARRY | |
| STREET ADDRESS | GSB BLDG STE 401 ONE BELMONT AVE | |
| CITY-ST-ZIP | BALA CYNWYD PA 19004 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, SCOTT | |
| STREET ADDRESS | GSB BLDG STE 401 ONE BELMONT AVE | |
| CITY-ST-ZIP | BALA CYNWYD PA 19004 | |
| TITLE | VTAS | <input type="checkbox"/> Delete |
| NAME | MALONEY, ROBERT | |
| STREET ADDRESS | GSB BLDG STE 401 ONE BLEMONT AVE | |
| CITY-ST-ZIP | BALA CYNYSYD PA 19004 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | PERRY, ROY C | |
| STREET ADDRESS | GSB BLDG STE 401 ONE BELMONT AVE | |
| CITY-ST-ZIP | BALA CYNWYD PA 19004 | |
| TITLE | VAS | <input type="checkbox"/> Delete |
| NAME | PASQUARELLA, ARTHUR P | |
| STREET ADDRESS | GSB BLDG STE 401 ONE BELMONT AVE | |
| CITY-ST-ZIP | BALA CYNWYD PA 19004 | |

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(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 address with all other like empowered.

SIGNATURE: By: **BOCA/CONGRESS, INC.** **SIGNATURE REQUIRED**

2/06/02

(610) 668-2540

ROY C. PERRY, Vice President, Assistant Secretary

Date **Daytime Phone #**

CR2E034 (9/01)