

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-18-2000 90319 040 ***150.00

DOCUMENT # P99000004057

1. Entity Name

QVC ST. LUCIE, INC.

R

Principal Place of Business

Mailing Address

**1200 WILSON DRIVE
 WEST CHESTER PA 19380**

**1200 WILSON DRIVE
 WEST CHESTER PA 19380-4267**

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

23-2414014

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 _____ DATE _____
Signature, typed or printed name of officer or director 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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	GRABELL, NEAL S	
STREET ADDRESS	1200 WILSON DRIVE	
CITY-ST-ZIP	WEST CHESTER PA 19380	
TITLE	Glen M Thor	<input type="checkbox"/> Delete
NAME	SRVP / Treasurer	
STREET ADDRESS	Studio Park	
CITY-ST-ZIP	West Chester PA 19380-4262	
TITLE	John Hunter	<input type="checkbox"/> Delete
NAME	SRVP / order Entry & CS	
STREET ADDRESS	Studio Park	
CITY-ST-ZIP	West Chester PA 19380-4262	
TITLE	Thomas Downs	<input type="checkbox"/> Delete
NAME	SRVP / Operations Services	
STREET ADDRESS	Studio Park	
CITY-ST-ZIP	West Chester, PA 19380-4262	
TITLE	Nouglas S. Briars	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	Studio Park	
CITY-ST-ZIP	West Chester PA 19380-4262	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00 *(610) 701-8176*
 Date Daytime Phone #

CR2E034 (9/99)