

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084378

1. Entity Name

BERGEN OF INTERSTATE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90116 039 ***150.00

Principal Place of Business ONE BELMONT AVENUE GSB BUILDING #401 BALA CYNWYD PA 19004	Mailing Address ONE BELMONT AVENUE GSB BUILDING #401 BALA CYNWYD PA 19004-1617
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barry Howard GSB Building, Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barry Howard GSB Bldg, Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Daniel M. DiLella GSB Bldg, Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Daniel M. DiLella GSB Bldg., Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice Pres., Asst. Secty Arthur P. Pasquarella GSB Bldg., Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice Pres., Asst. Secty Arthur P. Pasquarella GSB Bldg, Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, Treasurer, Asst. Secty Robert K. Maloney GSB Bldg, Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP, Treasurer, Asst. Secty Robert K. Maloney GSB Bldg., Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres., Secretary Loretta M. Kelly GSB Bldg., Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres., Secretary Loretta M. Kelly GSB Bldg., Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P., Asst. Secty Scott A. Williams <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P., Asst. Secty Scott A. Williams GSB Bldg., Ste. 401, One Belmont Ave. Bala Cynwyd, PA 19004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Loretta M. Kelly, V.P., Secty **REQUIRED** 3/30/00 610-668-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)