

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05156

1. Entity Name

GMH REALTY OF FLORIDA, INC.



03 SEP 02 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-03
5/27/03 01028 013 \$100.00
5/27/03 01028 014 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Campus Blvd.

Suite, Apt. #, etc.

3. Mailing Address

10 Campus Blvd.

Suite, Apt. #, etc.

City & State

Newtown Square, PA

City & State

Newtown Square, P

4. FEI Number

232671494

Applied For

Not Applicable

Zip

19073

Country

USA

Zip

19073

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

Carla Lohi

Asst. Vice President

9-2-2003

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Gary M. Holloway
STREET ADDRESS	10 Campus Blvd.
CITY - ST - ZIP	Newtown Square, PA 19073
TITLE	V, T
NAME	Bruce Robinson
STREET ADDRESS	10 Campus Blvd.
CITY - ST - ZIP	Newtown Square, PA 19073
TITLE	V, S
NAME	Catherine Coyle
STREET ADDRESS	10 Campus Blvd.
CITY - ST - ZIP	Newtown Square, PA 19073
TITLE	Asst S
NAME	Robert D. Giuseppe
STREET ADDRESS	10 Campus Blvd.
CITY - ST - ZIP	Newtown Square, PA 19073
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Bruce Robinson

9/10/03

610-355-8000

CR2E034B (12/02)