

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90104 022 ***158.75

0019503 AT

DOCUMENT # **824414**

1. Entity Name
M.A. BRUDER & SONS, INCORPORATED



Principal Place of Business
**600 REED ROAD
BROOMALL PA 19008-3505**

Mailing Address
**600 REED ROAD
BROOMALL PA 19008-3505**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1275778**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BRUDER, THOMAS A. JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDER, THOMAS A. JR.	NAME	
STREET ADDRESS	600 REED RD.	STREET ADDRESS	
CITY-ST-ZIP	BROOMALL PA	CITY-ST-ZIP	
TITLE	VST WINTERS, DAVID R. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, DAVID R.	NAME	
STREET ADDRESS	600 REED RD.	STREET ADDRESS	
CITY-ST-ZIP	BROOMALL PA	CITY-ST-ZIP	
TITLE	VD BRUDER, JAMES J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDER, JAMES J	NAME	
STREET ADDRESS	600 REED RD.	STREET ADDRESS	
CITY-ST-ZIP	BROOMALL PA	CITY-ST-ZIP	
TITLE	VD BRUDER, MICHAEL A. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDER, MICHAEL A.	NAME	
STREET ADDRESS	600 REED ROAD	STREET ADDRESS	
CITY-ST-ZIP	BROOMALL PA	CITY-ST-ZIP	
TITLE	ASC BURNS, FRANCIS P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, FRANCIS P.	NAME	
STREET ADDRESS	604 WILDE AVE	STREET ADDRESS	
CITY-ST-ZIP	DREXEL HILL PA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Francis P. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (610) 3535100

Date Daytime Phone #

CR2E034 (10/02)