



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

<b>DOCUMENT # F96000006426</b>				
1. Entity Name <b>RESIDENTIAL WARRANTY CORPORATION OF PENNSYLVANIA</b>				
Principal Place of Business 5300 DERRY STREET HARRISBURG, PA 17111 US		Mailing Address 5300 DERRY STREET HARRISBURG, PA 17111 US		<b>11004844</b>
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number <b>25-1779129</b>		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning)</small>				
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD NAME PARMER, GEORGE A STREET ADDRESS 5300 DERRY STREET CITY-ST-ZIP HARRISBURG, PA 17111	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD NAME FOLEY, KATHLEEN D STREET ADDRESS 5300 DERRY STREET CITY-ST-ZIP HARRISBURG, PA 17111	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S NAME <del>GEIST, SUSAN R</del> STREET ADDRESS 5300 DERRY STREET CITY-ST-ZIP HARRISBURG, PA 17111	<input type="checkbox"/> Delete	TITLE	Kent, Susan R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Name Change)
TITLE	T NAME THORWART, THOMAS M. STREET ADDRESS 5300 DERRY STREET CITY-ST-ZIP HARRISBURG, PA 17111	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Susan R. Kent</u>		Date: <u>04/18/2003</u>		Corporate Phone #: <u>717-561-4480</u>

CR20034 (10/02)