## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # N29836** 1. Entity Name 04-20-2001 90028 035 \*\*\*\*61.25 CELIA WACHS BERMAN FOUNDATION, INC. Principal Place of Business Mailing Address 9 UNION AVE. 9 LINION AVE UUU49815 BALA CYNWYD PA 19004 BALA CYNWYD PA 19004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0112893 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) OSBORNE, HANKINS, MCLAUREN & REDGRAVE 998 S. FEDERAL HWY., 2ND FLOOR DRAWER 40 Zip Code **BOCA RATON FL 33421-9740** 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 (NOTE: Registered Agent signature required when reinstating) ATT BEAR THE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61,25 /45/eg Added to Fees .... Department of State · Mar. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Defete TITLE Addition BERMAN, MORTON J. NAME NAME 4068 BOCAIRE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BERMAN, ROBERT A. NAME NAME STREET ADDRESS **4 HANSEN COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NARBERTH PA TITLE Delete TITLE Change -☐ Addition BERMAN, PHILIP A. NAME NAME STREET ADDRESS 254 COPPER BEECH DR. STREET ADDRESS CITY-ST-ZIP **BLUE BELL PA** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILSTEIN, JANIS NAME STREET ADDRESS 710 PERIWINKLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WYNNEWOOD PA TITLE ☐ Delete TITLE ☐ Addition NAME 194 ja NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 617, 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/0/

215-839-6700 Daytire Plone #

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