

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90138 031 ***150.00

DOCUMENT # P36760

1. Entity Name

MACRO CORPORATION

Principal Place of Business

Mailing Address

700 BUSINESS CENTER DRIVE
 HORSHAM PA 19044

700 BUSINESS CENTER DRIVE
 HORSHAM PA 19044-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1692340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE

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

(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)

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.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	DE VRIES, MENNO	
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEIM	
CITY-ST-ZIP	THE NETHERLANDS EU 19006	
TITLE	CEOS	<input type="checkbox"/> Delete
NAME	AMELINK, HERMAN	
STREET ADDRESS	4400 FAIRLAKES CT SUITE 101	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SCHLESS, ED	
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEM	
CITY-ST-ZIP	THE NETHERLANDS EU 06776	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	VERMISSEN, GUUS	
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEM	
CITY-ST-ZIP	THE NETHERLANDS EU 18036	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	PETERMAN, GEORGE J	
STREET ADDRESS	588 W PROSPECT AVE	
CITY-ST-ZIP	NO WALES PA 19454	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINO, FRED J	
STREET ADDRESS	798 QUARRY RD	
CITY-ST-ZIP	HARLEYSVILLE PA 19438	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWCOMER, RICHARD	
STREET ADDRESS	4400 FAIR LAKES CT SUITE 101	
CITY-ST-ZIP	FAIRFAX, VA 22033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard A. Newcomer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (703) 631 6912
 Date Daytime Phone #

CR2E034 (9/99)