FILED

## 2001 UNIFORM BUSINESS REPORT (UBIR)

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # P36760** MACRO CORPORATION 04-02-2001 90104 014 \*\*\*150.00 Principal Place of Business Mailing Address 700 BUSINESS CENTER DRIVE 700 BUSINESS CENTER DRIVE HORSHAM PA 19044 HORSHAM PA 19044 3. Mailing Address 4377 Count 2. Principal Place of Business 4377 County Line Line Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-1692340 Chaifont halton Not Applicable Ó Country USA \$8.75 Additional USA 5. Certificate of Status Desired 18914 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete ☐ Change ☐ Addition TITLE TITLE DE VRIES, MENNO NAME NAME STREET ADDRESS UTRECHTSEWEG 310, 6800 ET ARNHEIM STREET ADDRESS CITY-ST-7IP THE NETHERLANDS EU 19006 CITY-ST-7IP **CEOS** Delete TITLE TITLE ☐ Change Addition AMELINK, HERMAN NAME NAME STREET ADDRESS 4400 FAIRLAKES CT SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22033 TITLE □ Delete TITLE Change ☐ Addition NEWCOMER, RICHARD NAME NAME 4400 FAIR LAKES CT STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FAIRFAX VA 22033 TITLE ☐ Change ☐ Addition Delete TITI F PETERMAN, GEORGE J NAME NAME STREET ADDRESS 588 W PROSPECT AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NO WALES PA 19454 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME MARTINO, FRED J NAME STREET ADDRESS 798 QUARRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARLEYSVILLE PA 19438 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

george J. Peterman 3/27/01 215-997-5100