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U.S. EQUAL EMPLOYM 2022 EMPLOYER INFO	OMB Co	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024		
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	EMPLOYER ID	ENTIFICATION		
OFS COMPANY ID R065054	F	EMPLOYER NAME SCFW 99000 FLORENCE BUILDI		
ADDRESS		CITY/TOWN	STATE	ZIP CODE
2006 ROUTE 130 NORT	ΞH	BURLINGTON	NJ	08016
	CEDTIFICATION	OMMENTS (optional)		
	CERTIFICATIONC	OWIMENTS (optional)		
No Certification Comments Provided				
	CERTIFICATIC	N STATEMENT		
"I certify that the information, including any			ect and true to the h	est of my knowled
		set forth in the form and accomp		
Knowingly and willfully false		are punishable by law, US Cod	le, Title 18, Section	1001.
	DATE OF CE	RTIFICATION		
	11/30/2023 1:	59 PM (EST)		
		TIFYING OFFICIAL		
Name of Employer's Certifying C	Official	Title of	f Certifying Official	
Michele Yoder		HR	IS Analyst	
Email Address of Certifying Of	fficial	Telephone Nu	mber of Certifying Officia	ป
michele.yoder@burlington	.com	609)-387-7800	
	INT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REP		
Name of Primary POC			nployer of Primary POC	
Michele Yoder			IS Analyst	
			surlington	
Email Address of Primary Po	C	Telephone	Number of Primary POC	
michele.yoder@burlington	.com	609	9-387-7800	