

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 035 ***150.00

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

DOCUMENT # F00000004456
 1. Entity Name
PEAK TECHNICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 PENN CENTER BLVD		3. Mailing Address 300 PENN CENTER BLVD	
Suite, Apt. #, etc. 800		Suite, Apt. #, etc. 800	
City & State PITTSBURGH, PA		City & State PITTSBURGH, PA	
Zip 15235	Country USA	Zip 15235	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1390574	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD
City PLANTATION
State FL
Zip Code 33324

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P/D	NAME JOSEPH V. SALVUCCI	STREET ADDRESS 300 PENN CENTER BLVD, SUITE 800	CITY-ST-ZIP PITTSBURGH, PA 15235
TITLE V/S	NAME THOMAS I. PAYNE	STREET ADDRESS 300 PENN CENTER BLVD, SUITE 800	CITY-ST-ZIP PITTSBURGH, PA 15235
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas I. Payne Thomas I. Payne 5/17/02 412-825-0748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)