

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90802 001 \*\*\*750.00

**DOCUMENT # V57935**

1. Entity Name:  
**SOUTH MANAGEMENT CORP.**

Principal Place of Business 147 DELTA DR PITTSBURGH PA 15238	Mailing Address 147 DELTA DR PITTSBURGH PA 15238-2805
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>25-1696738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCCLURE, WILLIAM**  
**500 FIFTH AVE S**  
**STE 509**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent  
 Name **ROBERT W. MCCLURE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**25040 GOLDCREST DRIVE**  
 City **BONITA SPRINGS FL** Zip Code **33923**

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 *Robert W. McClure* DATE **2-26-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME <b>PD DELLAGATTI, TODD</b> STREET ADDRESS <b>SUITE 215 1999 W COLONIAL DR</b> CITY-ST-ZIP <b>ORLANDO FL</b>		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>DELLIGATTI, TODD</b> STREET ADDRESS <b>147 DELTA DRIVE</b> CITY-ST-ZIP <b>PITTSBURGH PA 15238</b>	
TITLE <input type="checkbox"/> Delete NAME <b>ST HUBERT, DANIEL E.</b> STREET ADDRESS <b>147 DELTA DRIVE</b> CITY-ST-ZIP <b>PITTSBURGH PA</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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: *Daniel E. Hubert* **DANIEL E. HUBERT, TREASURER**  
 Date **3/1/00** Daytime Phone #

CR2E034 (9/99)