

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 Mailing Address
147 DELTA DR **147 DELTA DR**
PITTSBURGH PA 15238 **PITTSBURGH PA 15238-2805**

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 Applied For
25-1696738 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
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)

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 NAME STREET ADDRESS CITY-ST-ZIP | PD DELLIGATTI, TODD SUITE 215 1999 W COLONIAL DR ORLANDO FL <input type="checkbox"/> Delete | TITLE PD NAME STREET ADDRESS CITY-ST-ZIP | DELLIGATTI, TODD 147 DELTA DRIVE PITTSBURGH PA 15238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HUBERT, DANIEL E. 147 DELTA DRIVE PITTSBURG PA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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* Date **3/1/00** Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL E. HUBERT, TREASURER

CR2E034 (9/99)