

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90107 038 \*\*\*150.00

**DOCUMENT # 831894**

1. Entity Name  
**TRUMBULL CORPORATION**

Principal Place of Business  
**1020 LEBANON ROAD  
 PITTSBURGH PA 15227**

Mailing Address  
**P.O. BOX 98100  
 PITTSBURGH PA 15227**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1021993**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEZEY, GEORGE E</b>	
STREET ADDRESS	<b>444 WORTHINGTON DRIVE</b>	
CITY-ST-ZIP	<b>MARS PA 16046</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, STEPHEN M.</b>	
STREET ADDRESS	<b>1046 GRANDVIEW FARMS DR</b>	
CITY-ST-ZIP	<b>BETHEL PARK PA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>COCCAGNA, DOMINIC R</b>	
STREET ADDRESS	<b>1350 STULTZ RD</b>	
CITY-ST-ZIP	<b>BETHEL PARK PA 15102</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROWE, CLIFFORD R</b>	
STREET ADDRESS	<b>125 FROEBE RD</b>	
CITY-ST-ZIP	<b>VENETIA PA 15367</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROWE, DIANE D.</b>	
STREET ADDRESS	<b>125 FROEBE RD</b>	
CITY-ST-ZIP	<b>VENETIA PA 15367</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECHT, JANE D</b>	
STREET ADDRESS	<b>2077 BLAIRMONT DR</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15241</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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: *Dominic R. Coccagna* *Dominic R. Coccagna* 4/25/02 412-462-9300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)