

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

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
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
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. Cocagna* *Dominic R. Cocagna* 4/25/02 412-462-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)