

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

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

05-27-2002 90419 026 ***150.00

DOCUMENT # *261952*

1. Entity Name

SU Florida Acquisition Corp. N/C@

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1301 S. Mo-Pac Expwy

Suite, Apt. #, etc.

Ste. 400

City & State

Austin, TX

Zip *78746*

Country

3. Mailing Address

1301 S. Mo-Pac Expwy

Suite, Apt. #, etc.

Ste. 400

City & State

Austin, TX

Zip

78746

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0997270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

City

Plantation

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 *President*
NAME *David W. Stevens.*
STREET ADDRESS *1301 S. Mo-Pac Expwy, Ste. 400*
CITY-ST-ZIP *Austin, TX 78746*

TITLE *Controller*
NAME *Jonathan A. Graf*
STREET ADDRESS *One PEI Ctr.*
CITY-ST-ZIP *Wilkes-Barre, PA 18711*

TITLE *Treasurer*
NAME *Richard N. Marshall*
STREET ADDRESS *One PEI Ctr*
CITY-ST-ZIP *Wilkes-Barre, PA 18711*

TITLE *Secretary*
NAME *Dennis K. Morgan*
STREET ADDRESS *One PEI Ctr.*
CITY-ST-ZIP *Wilkes-Barre, PA 18711*

TITLE *Assistant Secretary*
NAME *Mary Jo Casey*
STREET ADDRESS *1301 S. Mo-Pac Expwy, Ste. 400*
CITY-ST-ZIP *Austin, TX 78746*

TITLE *Chairman & Sole Director*
NAME *Thomas F. Karam*
STREET ADDRESS *One PEI Ctr.*
CITY-ST-ZIP *Wilkes-Barre, PA 18711*

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**DO NOT WRITE
IN THIS SPACE**

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: *Mary Jo Casey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2002
Date

(512) 370-8406
Daytime Phone #

CR2E034B (12/01)