FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90342 046 ***150.00

DOCUMENT # 815904

1. Entity Name
HEYL & PATTERSON, INC.

DO NOT WRITE IN THIS SPACE

24047555

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2. Principal Place of Business	3. Mailing Address
333 TECHNOLOGY DRIVE	333 TECHNOLOGY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PITTSBURGH, PA	City & State: PITTSBURGH, PA
Zip: 15317 Country: USA	Zip: 15317 Country: USA

4. FEI Number: 25-0547550 ☐ Applied For ☐ Not Applicable

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

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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 ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME EDELMAN, JOHN R. STREET ADDRESS 333 TECHNOLOGY DRIVE CITY-ST-ZIP PITTSBURGH, PA 15317	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME EDELMAN, JOHN R. STREET ADDRESS 333 TECHNOLOGY DRIVE CITY-ST-ZIP PITTSBURGH, PA 15317	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME SPEHAR, JEROME E. STREET ADDRESS 333 TECHNOLOGY DRIVE CITY-ST-ZIP PITTSBURGH, PA 15317	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Edelman 4/14/04 2444431000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3W1140 1.000