2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # 829379 1. Entity Name 02-14-2002 90035 030 ***150.00 MARTERA, INC. Principal Place of Business Mailing Address 246 TWIN HILLS DR 246 TWIN HILLS DR PITTSBURG PA 15216 PITTSBURG PA 15216 2. Principal Place of Business 3. Mailing Address 15 27th Street 267 Twin Hills Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Pittsburgh 4. FEI Number Applied For PA Pittsburgh 25-1115153 Not Applicable Country Country \$8.75 Additional 15222-4729 5. Certificate of Status Desired 15216-1157 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRABBENHOFT, LOUIS Street Address (P.O. Box Number is Not Acceptable) 3212 NE 12TH ST POMPANO BEACH FL 33062 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Delete TITLE Change ☐ Addition NAME HAMMEL JR, CHARLES L. NAME STREET ADDRESS 1014 OSAGE RD STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA CITY-ST-7IP TITLE ☐ Delete TITLE X Change Addition NAME Taylor, Robert e NAME STREET ADDRESS 15 27TH ST STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15222-4633 CITY-ST-ZIP Pittsburgh PA 15222-4729 TITLE Assistant Secretary ☐ Delete Change X Addition NAME NAME -Taylor, Sherrie B. STREET ADDRESS STREET ADDRESS 15 27th Street CITY-ST-ZIP CITY-ST-ZIP Pittsburgh PA 15222-4729 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

1/25/02

(412) 232-3015 x6261

FILED