FOR PROFIT CORPORATION CUNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852956 1. Entity Name DICK CORPORATION					FILED May 17, 2002 8:00 A.M Secretary of State	
2. Principal Place	e of Business	3. Mailing	Address		- 1000055101 -05/27/0201004011	
1900 STATE			OX 10896		-03/21/0201004 011 ******8.75 *******8.	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State			City & State		4. FEI Number Applied For	
LARGE, PA Zip Country		Zip	PITTSBURGH, PA Zip Country		25 - 1355037 Not Applicat	
15025	USA	15236	US <i>I</i>	•	5. Certificate of Status Desired X Fee Required	
				Name	7. Name and Address of Current Registered Agent	
₩ . I	DO NOT	WPITE	ds ×	CT	CORPORATION SYSTEM	
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 1200 5, PINE ISLAND RD		
	IN THIS	SPACE		1		
				City	FL Zip Code 33324	
8. The above nan	ned entity submits this s	tatement for the purpo	se of changing its		r registered agent, or both, in the State of Florida.	
\vee	111	A)			, C	
SIGNATURE Sinks	ature, typed or printed name	of registered agent and	title if applicable	(NOTE: Registered	Strith AST SECY 5-16-0 Agent signature required when reinstating) DATE	
		<u> </u>	January 1 - May		Agent anglistate required when remissarily	
	on is eligible to satisty its rement and elects to do n back)	} o.	After May 1, F Amended UE	ee is \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS	AND DIRECTORS				
	RESIDENT			ITLE	ول اول الرسان ول اول المسال مستوارستان ومسال ومسال ومسال وو	
	ICK, D.P. HOSE WOODS PE	MPOD POAD		TREET ADDRESS	100005611011 -05/27/0201004012	
/"**	AUGHLINGTOWN.			HTY - ST - ZIP	****550_00 ****550_0	
I	DED		Т	ITLE		
 	CK, D.E.	2012		TREET ADDRESS		
1 * *	L2 HILLCREST	15238		ITY - ST - ZIP	· ·	
	REASURER	13230		ITLE		
	ONN, JEFFREY			AME		
)1 RIDGEWAY C TTSBURGH, PA		, and the state of	TREET ADDRESS	DO NOT WRITE	
	CRETARY	13420		ITLE	IN THIS SPACE	
l l	TERS, ROGER			AME	IN THIS STAGE	
	3 CORNWALL D			TREET ADORESS		
TITLE PI	TTSBURGH, PA	15238		ITLE		
NAME				AME		
STREET ADDRESS				TREET ADDRESS	`	
TITLE				iTY - ST - ZIP		
NAME				AME	ν 0 /	
STREET ADORESS				TREET ADDRESS	ill Ill	
CITY - ST - ZIP	that the information are	aliad with this files of		ITY - ST - ZIP	d in Soution 110 07/20(f) Fig. 1 C	
information indi an officer or dire	icated on this report or s	upplemental report is the receiver or trust	true and accurate ee empowered to	and that my signate execute this report	d in Section 119.07(3)(i), Florida Statutes. I further certify that the ure shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name	
SIGNATURI	E: ML		аят	FREY L. KO	ONN 05/15/2002412-384-1000	
J. J. D. N. O. N.		PED OR PRINTED NAME			Date Daytime Phone #	