

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

42
12/17

96 DEC 13 AM 10:21

1. Name of Limited Partnership

1a. DOCUMENT #
A28318



POLOS ASSOCIATES, LTD.

Mailing Address

SIX PPG PLACE, SUITE 1110
PITTSBURGH PA 15222

Principal Office Address

SIX PPG PLACE, SUITE 1110
PITTSBURGH PA 15222

3. Date Formed or Registered

05/11/1989

5a. Capital Contributions as
Shown on record.

\$3,583,800.00

3a. Date of Last Report

02/01/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

450 Alpha Drive

Suite, Apt. #, etc.

2a. Principal Office Address

450 Alpha Drive

Suite, Apt. #, etc.

6. FEI Number

52-1649210

☐ Applied For
☒ Not Applicable

City & State

Pittsburgh PA

City & State

Pittsburgh PA

Zip

15238 Allegheny

Zip

15238 Allegheny

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

100002032221--9

Suite, Apt. #, etc.

12/10/96 01033 006

****576.25 ****576.25

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

JOEL S. PERR

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

SIX PPG PLACE, #1110

11b. City, State & Zip Code

PITTSBURGH PA

11c. Registration/
Document Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Joel S Perr

Daytime Telephone Number

412-963-9060

CP2E003 (5/96)