2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # F0000000520 1. Entity Name 05-18-2001 91246 007 ***150.00 INTEGRATED REAL ESTATE PROCESSING, INC. Mailing Address Principal Place of Business 290 BILMAR DR., #300 290 BILMAR DR., #300 551794 PITTSBURGH PA 15205 PITTSBURGH PA 15205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 25-1840823 Not Applicable \$8.75 Additional -· Zip Zip -Country Country ____ __ __ 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUTCHISON JR, PHILLIP D** Street Address (P.O. Box Number is Not Acceptable) 1209 10TH STREET PANAMA CITY FL 32401 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Addition ☐ Delete TITLE HUIZDAK, RICHARD C NAME NAME Hvizdak, Richard C. STREET ADDRESS STREET ADDRESS 290 BILMAR DR., #300 CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA ☐ Change ☐ Addition ☐ Delete TITLE TITLE FORGAS, MICHAEL E NAME NAME STREET ADDRESS STREET ADDRESS 290 BILMAR DR., #300 CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF S

SIGNATURE:

FILED