


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 044 ***150.00

DOCUMENT # FD/000000223

1. Entity Name
RAPIDIGM INC.



DO NOT WRITE IN THIS SPACE

90073255

2. Principal Place of Business
Pittsburgh, PA (HQ)
Suite, Apt. #, etc. _____

3. Mailing Address
4400 Campbells Run Rd.
Suite, Apt. #, etc. _____

City & State
Pittsburgh, PA

City & State
Pittsburgh, PA

Zip
15205 Country
USA

Zip
15205 Country
USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number _____ Applied For _____
Not Applicable

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

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

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 Mark C. Faurie DATE 3-26-03

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>3</u> <u>Lewis Wheeler</u> <u>4400 Campbells Run Rd.</u> <u>Pittsburgh, PA 15205</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>✓</u> <u>Mark Faurie</u> <u>4400 Campbells Run Rd.</u> <u>Pittsburgh, PA 15205</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>✓</u> <u>Kevin Cotter</u> <u>4400 Campbells Run Rd.</u> <u>Pittsburgh, PA 15205</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>Paul Freudenberg</u> <u>4400 Campbells Run Rd.</u> <u>Pittsburgh, PA 15205</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>Ravi Amble</u> <u>4400 Campbells Run Rd.</u> <u>Pittsburgh, PA 15205</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: Mark C. Faurie Date 3-26-03 Daytime Phone # 412-494-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034B (12/02)