## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 27, 2002 8:00 am Secretary of State

DOCUMENT # FOLOOCOCO 5093 Earth Savers, Inc.					02-27-2002 90065 004 ***163.75		
	DO NOT WRITE	IN THIS SI	PACE	2.0			
•	Place of Business	3. Mailing Address					
1 / U.3 Suite, Apt.	N. Congress Avenue	/051E Steube: Suite, Apt. #, etc.	O51E Steubenville Pike Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
. City & Stat	te	City & State		4	. FEI Number		Applied For
West	Palm Beach, Florida	Oakdale, PA			25-1793622		Not Applicable
<sup>1 Zip</sup> 33409	Country Palm Beach	<sup>Zip</sup> 17071	Country Alleghen	y . 5	. Certificate of Status Desired		.75 Additional Required
			Namo	7.	Name and Address of Curre	nt Registered Ag	ent
					eve Balogh		
DO NOT WRITE  Street Address (P 701)					P.O. Box Number is Not Acceptable) O Barbour Road		
	IN THIS SPA	ACE					
			City	J. Palm	n Beach	FL	Zin Code 33407
8. The above	named entity submits this statement for	the purpose of changing its					33407
SIGNATURE Steve Balogh Signature or printed name of regulared agent and title if applicable. (NOTE: Registered Agent signature required w					· .	2/4/	<u>'02</u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1  After May 1, Fet Amended UBF Make Check Payable to				)	10. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees
11.	OFFICERS AND D						
TITLE NAME	President, Chairman	•	TITLE NAME				
STREET ADDRESS	Paul T. Tran 104 Luanne Drive		STREET ADDRESS		,		, ,
CITY-ST-ZIP			CITY-ST-ZIP,			<u> </u>	
TITLE NAME	Weirton, WV 26062 Vice Chairman		TITLE NAME	****			
STREET ADDRESS	Edward S. Carben		STREET ADDRESS				
CTTY - ST - ZIP	P.O. Box 441 Pittsburgh, PA 1523	A	CITY-ST-ZIP		5 25		
TITLE NAME	Treesburgh, TA 1929	O	TITLE				
STREET ADDRESS			NAME STREET ADDRESS		DO NOT	14/2012	
CITY-ST-ZIP			CITY-ST-ZIP ',		DO NOT	WKIII	
TITLE			πιε		IN THIS	SPACE	# 0 2 1 No. 10 N
NAME STREET ADDRESS	·		NAME STREET ADDRESS			OI AOI	<b>-</b> 3
CITY-ST-ZIP			CITY-ST-ZIP	٠, , , , , , , , , , , , , , , , , , ,			a <sub>g</sub> to
TITLE		· · · · · · · · · · · · · · · · · · ·	TITLE.		7 A	,	sh *
NAME			NAME 3	*			
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP	,			
TITLE			TITLE			s B *** *.	*
NAME			NAME :				# # # # # # # # # # # # # # # # # # #
STREET ADDRESS			STREET ADDRESS	34		* *	
CITY-ST-ZIP	and the short the discount of the state of t	i. Fit	CITY-ST-ZIP		100.07(0)(0)		0
of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee emporent with an address, with all other like emporent with an address, with all other like emporent.	wered to execute this repor	me exemption stat by signature shall h t as required by C	ed in Section ave the same hapter 607, F	n 119.07(3)(i), Florida Statutes e legal effect as if made unde Florida Statutes; and that my i	s. I further certify to ir oath; that I am a name appears in I	nat the information n officer or director Block 11 or on an

2/4/02 Date