

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90384 001 \*\*\*150.00

**DOCUMENT # F01000006369**

1. Entity Name

**ALLIN DIGITAL IMAGING CORP.**

Principal Place of Business

**381 MANSFIELD AVE., SUITE 400  
 PITTSBURGH PA 15220**

Mailing Address

**381 MANSFIELD AVE., SUITE 400  
 PITTSBURGH PA 15220**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**25-1796686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PCD TALARICO, RICHARD W	<input type="checkbox"/> Delete
STREET ADDRESS	3000 GRANDVIEW FARMS DRIVE	
CITY-ST-ZIP	BETHEL PARK PA 15102	
TITLE NAME	ST PRASKACH, DEAN C	<input type="checkbox"/> Delete
STREET ADDRESS	2516 CLUBHOUSE DRIVE	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE NAME	AS FULTON, ROBERT V	<input type="checkbox"/> Delete
STREET ADDRESS	747 HARDEN DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15229	
TITLE NAME	D BLAIR, BRIAN K	<input type="checkbox"/> Delete
STREET ADDRESS	3498 MONTERREY COURT	
CITY-ST-ZIP	WESTON FL 33327	
TITLE NAME	D KAVAN, WILLIAM C	<input type="checkbox"/> Delete
STREET ADDRESS	117 BRIXTON ROAD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02 412 928-1883

CR2E034 (9/01)