

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90060 034 ***150.00

03/17/2003
MAR

DOCUMENT # F02000006270

1. Entity Name

CTC PUBLIC BENEFIT CORPORATION



Principal Place of Business

**1300 PENNSYLVANIA AVENUE NW STE. 200
WASHINGTON DC 20004-3016**

Mailing Address

**1300 PENNSYLVANIA AVENUE NW STE. 200
WASHINGTON DC 20004-3016**

2. Principal Place of Business

3. Mailing Address

100 CTC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JOHNSTOWN, PA

4. FEI Number

11-3647646

Applied For

Not Applicable

Zip

Country

Zip

Country

15904-1935

U. S. A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **KATZ, MICHAEL A**
CITY-ST-ZIP **1300 PENNSYLVANIA AVENUE NW STE. 200
WASHINGTON DC 20004-3016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **YOUNG, GRACE G**
CITY-ST-ZIP **101 EAST TOWN PEACE STE. 600
ST. AUGUSTINE FL 32092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **JOHNSON, ROBERT A**
CITY-ST-ZIP **301 GRANT STREET 20TH FL ONE OXFORD CENTRE
PITTSBURGH PA 15219**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **DIVIRGILIO, MARGARET A**
CITY-ST-ZIP **100 CTC DRIVE
JOHNSTOWN PA 15904-1935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. DIVIRGILIO **2-26-03 814-266-2874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)