

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90422 007 \*\*\*150.00

**DOCUMENT # F92000000720**

1. Entity Name  
**VACATION PROPERTIES, INC.**



Principal Place of Business  
**ONE MELLON BANK CENTER, SUITE 4850  
PITTSBURGH PA 15258-0001**

Mailing Address  
**ONE MELLON BANK CENTER  
SUITE 772  
PITTSBURGH PA 15258-0001  
US**

2. Principal Place of Business  
**One Mellon Center**  
Suite, Apt. #, etc.  
**Room 772**

Mailing Address  
**One Mellon Center**  
Suite, Apt. #, etc.  
**Room 772**

City & State

City & State

4. FEI Number **62-1306912**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMPSON, J D ONE MELLON CENTER ROOM 1535 PITTSBURGH PA 15258</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LARIMER, ALBERT N ONE MELLON CENTER ROOM 5325 PITTSBURGH PA 15258</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LANGFORD, DON A ONE MELLON CENTER ROOM 1525 PITTSBURGH PA 15258</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HEISER, JOSEPH P ONE MELLON CENTER ROOM 4826 PITTSBURGH PA 15258</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SCIULLO, JOANNE E ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Pittsburgh, PA 15258-0001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Pittsburgh, PA 15258-0001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Larimer Albert N. One Mellon Center, Room 5325 Pittsburgh, PA 15258-0001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Pittsburgh, PA 15258-0001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>AT Huber Joanne S. One Mellon Center, Room 772 Pittsburgh, PA 15258-0001</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_

**Signature Required**  
**Joanne S. Huber**  
**Assistant Treasurer**  
**1/13/03 412-234-1334**

Date Daytime Phone #

CR2E034 (10/02)



ATTACHMENT #  
F920000005720  
30006688

**Mellon**

Mellon Bank, N. A.  
One Mellon Center, Room 772  
Pittsburgh, PA 15258-0001

January 7, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

The following return(s) is enclosed:

2003 Annual Report

For the State of FL

The company filing this return is:

Vacation Properties, Inc.

A check in the amount of \$150.00 is enclosed.

Very truly yours,

*Michelle M. Malone*

Michelle M. Malone

Enclosure(s)

cc: Joanne S. Huber