

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90278 023 \*\*\*150.00

**DOCUMENT # F94000006269**

1. Entity Name

**FORMTEK, INC.**

Principal Place of Business

**661 ANDERSEN DR., FOSTER PLAZA 7  
 PITTSBURGH PA 15220**

Mailing Address

**661 ANDERSEN DR., FOSTER PLAZA 7  
 PITTSBURGH PA 15220**

2. Principal Place of Business

**3 Penn Center West**

Suite, Apt. #, etc.

**Suite 126**

City & State

**Pittsburgh, PA**

Zip  
**15276**

Country  
**USA**

3. Mailing Address

**3 Penn Center West**

Suite, Apt. #, etc.

**Suite 126**

City & State

**Pittsburgh, PA**

Zip  
**15276**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**25-1422859**

Applied For

Not Applicable

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
 110 N. MAGNOLIA ST.  
 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 SISLEY, TIMOTHY D  
 12506 LAKE UNDERHILL ROAD  
 ORLANDO FL 32825** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BAKER, RENATA  
 6801 ROCKLEDGE DR  
 BETHESDA MD 20817** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 TRIPPET, LILLIAN  
 6801 ROCKLEDGE DR  
 BETHESDA MD 20817** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BLOCK, MARYANNE  
 6801 ROCKLEDGE DR  
 BETHESDA MD 20817** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 MINNICK, DAVID B  
 6801 ROCKLEDGE DRIVE  
 BETHESDA MD 20817** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS  
 MARTIN, DONALD P  
 230 MALL BLVD U4215  
 KING OF PRUSSIA PA 19406** ☐ Delete

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

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: *Donald P. Martin* **DONALD P. MARTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/02*

Date

**(610) 354-1254**

Daytime Phone #

CR2E034 (9/01)