

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91355 006 \*\*\*150.00

**DOCUMENT # F95000005906**

1. Entity Name  
**GENCO I, INC.**

Principal Place of Business <b>100 PAPER CRAFT PARK          PITTSBURGH PA 15238</b>	Mailing Address <b>100 PAPER CRAFT PARK          PITTSBURGH PA 15238</b>
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101640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>25-1766580</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHOENE BERGER, LARRY M 100 PAPER CRAFT PARK PITTSBURGH PA 15238	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
PCH TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEAR, HERBERT S 100 PAPER CRAFT PARK PITTSBURGH PA 15238	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
EVP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, JERRY A 100 PAPER CRAFT PARK PITTSBURGH PA 15238	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEAR, BARBARA S 100 PAPER CRAFT PARK PITTSBURGH PA 15238	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEAR, GERALD 100 PAPER CRAFT PARK PITTSBURGH PA 15238	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHEAR, HERBERT S 100 PAPER CRAFT PARK PITTSBURGH PA 15238	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] SR VP Date: 5/1/2001 (412) 870-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)