

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

FILED
May 05, 2003 8:00 am
Secretary of State

0619370
AT

05-05-2003 90096 042 ***150.00

DOCUMENT # F95000005906



1. Entity Name
GENCO I, INC.

Principal Place of Business
**100 PAPER CRAFT PARK
PITTSBURGH PA 15238**

Mailing Address
**100 PAPER CRAFT PARK
PITTSBURGH PA 15238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1766580**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GALLAGHER, MATTHEW J

~~167 SOUTH EAST 10TH AVE.~~ **3200 NW 125TH ST BAY 16**
HALEAH FL 33010 **MIAMI, FL 33167**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	T	<input type="checkbox"/> Delete
NAME	SCHOENE BERGER, LARRY M	
STREET ADDRESS	100 PAPER CRAFT PARK	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	PCH	<input type="checkbox"/> Delete
NAME	SHEAR, HERBERT S	
STREET ADDRESS	100 PAPER CRAFT PARK	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROADARME L, RICHARD L	
STREET ADDRESS	100 PAPER CRAFT PARK	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEAR, BARBARA S	
STREET ADDRESS	100 PAPER CRAFT PARK	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEAR, GERALD	
STREET ADDRESS	100 PAPER CRAFT PARK	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEAR, HERBERT S	
STREET ADDRESS	100 PAPER CRAFT PARK	
CITY-ST-ZIP	PITTSBURGH PA 15238	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* **SIGNATURE REQUIRED** **LARRY M. SCHOENE BERGER** **4/29/2003** **(412) 820-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #

CR2E034 (10/02)