

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90059 045 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002337

Entity Name

B. ROGAL AND HAMILTON COMPANY OF PITTSBURGH,

Principal Place of Business

Mailing Address

**TOWER, STE 5500
GRANT STREET
PITTSBURGH PA 15222**

**4235 INSLAKE DR
WARNER CENTRE
GLEN ALLEN VA 23060-5528
US**

D0022756



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1135574

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 HAYES ST
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2000 Fee will be \$350.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PCEO
TEACHOUT, J. SCOT
USX TOWER, STE 550-600 GRANT ST.
PITTSBURGH PA 15222**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**DVP
ROGAL, ANDREW L
4235 INNSLAKE DR
GLEN ALLEN VA 23060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
Andrew L. Rogal
4235 Inslake Drive
Glen Allen, VA 23060**

☒ Change ☐ Addition

**VPD
KORMAN, TIMOTHY J
4235 INNSLAKE DR.
GLENALLEN VA 23060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**T
JONES, CAROLYN
4235 INNSLAKE DR.
GLEN ALLEN VA 23060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**DS
SMITH, WALTER L
4235 INNSLAKE DR
GLENALLEN FL 23-0360**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

**DVP.
Martin L. Vaughan, III
4235 Inslake Drive
GlenAllen, VA 23060**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

CR2E034 (9/99)

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.