## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F96000003117 Mar 28, 2000 8:00 am **Secretary of State** PNC BROKERAGE CORP. 03-28-2000 90077 045 \*\*\*150.00 Mailing Address Principal Place of Business 249 FIFTH AVE 249 FIFTH AVENUE P1-POPP-27-3 PITTSBURGH PA 15222-2707 **PITTSBURGH PA 15222-2709** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-2233589 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DPC Change ☐ Addition TITLE ☐ Delete TITLE MORTENSEN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 249 FIFTH AVENUE CITY-ST-ZIP PITTSBURGH PA 15222-2707 CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE WHITFORD, THOMAS K. NAME STREET ADDRESS STREET ADDRESS 249 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15222-2707 Change Addition ☐ Delete TITLE MOORE, THOMAS R NAME NAME STREET ADDRESS STREET ADDRESS 249 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15222-2707 X Addition Change X Delete TITLE TITLE Joseph C. Guyaux Graham, Gail NAME NAME 249 Fifth Avenue STREET ADDRESS STREET ADDRESS 249 FIFTH AVENUE CITY-ST-ZIP Pittsburgh, PA 15222-2707 CITY-ST-ZIE PITTSBURGH PA 15222-2707 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 with an address, with a empowéred Thomas R. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

3/22/00

(412) 762-1901 0.14 71/19

Daytime Phone #