APR.26.2001 3:16PM PAVESE HAVERFIELD

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91288 036 ***158.75

DOCUMENT # F96000004992

1. Entity Name: Peridot Enterprises, Inc.

Principal Place of Business	Mailing Address
211 Castle Shannon Blvd.	211 Castle Shannon Blvd.
Pittsburgh, PA 15234	Pittsburgh, PA 15234

2. Principal Place of Business	3. Mailing Address
311 Castle Shannon Blvd.	311 Castle Shannon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pittsburgh, PA	City & State: Pittsburgh, PA
Zip: 15234 / Country: Allegheny	Zip: 15234 / Country: Allegheny

DO NOT WRITE IN THIS SPACE

4. FEI Number: 25-1665054 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
Gravina, Peter
1833 Hendry Street
Fort Myers, FL 33901

7. Name and Address of New Registered Agent:
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) ☑

[redacted]

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: P/S/T NAME: Robert C. Lohr STREET ADDRESS: 311 Castle Shannon Blvd. CITY-ST-ZIP: Pittsburgh, PA 15234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VP NAME: Patrick M. Cahalane STREET ADDRESS: 311 Castle Shannon Blvd. CITY-ST-ZIP: Pittsburgh, PA 15234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (11/00)

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: Robert C. Lohr, Pres — 4-27-01 — 412 341 4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #