

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006911

1. Entity Name

Altegra Credit Company

Principal Place of Business

**150 Allegheny Center Mall
Pittsburgh, PA 15212**

Mailing Address

**150 Allegheny Center Mall
Pittsburgh, PA 15212**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2645397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

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) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	Robert C. Mercer, Jr.	
STREET ADDRESS	1500 Allegheny Center Mall	
CITY-ST-ZIP	Pittsburgh, PA 15212	
TITLE	T	<input type="checkbox"/> Delete
NAME	Timothy C. Lulich	
STREET ADDRESS	150 Allegheny Center Mall	
CITY-ST-ZIP	Pittsburgh, PA 15212	
TITLE	S	<input type="checkbox"/> Delete
NAME	Joan P. Feldman	
STREET ADDRESS	20 Stanwix Street	
CITY-ST-ZIP	Pittsburgh, PA 15222	
TITLE	D	<input type="checkbox"/> Delete
NAME	Vincent A. DiGirolamo	
STREET ADDRESS	1900 East Ninth Street	
CITY-ST-ZIP	Cleveland, OH 44114	
TITLE	D	<input type="checkbox"/> Delete
NAME	Thomas W. Golonski	
STREET ADDRESS	20 Stanwix Street	
CITY-ST-ZIP	Pittsburgh, PA 15222	
TITLE	D	<input type="checkbox"/> Delete
NAME	A. Joseph Parker	
STREET ADDRESS	1900 East Ninth Street	
CITY-ST-ZIP	Cleveland, OH 44114	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 

Timothy C. Lulich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(412) 442-3946

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90208 032 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)