

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F97000006911

Entity Name

Altegra Credit Company

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90993 005 ***150.00

00059113

DO NOT WRITE IN THIS SPACE

1. Name of Business 150 Allegheny Center Mall		3. Mailing Address 150 Allegheny Center Mall	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pittsburgh, PA		City & State Pittsburgh, PA	
Zip 15212	Country USA	Zip 15212	Country USA
4. FEI Number 59-2645397		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
12 CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	P/D Peter E. Raskind 1900 East Ninth Street Cleveland, OH 44114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	N/T Timothy C. Lulich 150 Allegheny Center Mall Pittsburgh, PA 15212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	S Joan P. Feldman 20 Stanwix Street Pittsburgh, PA 15222	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	N/D Philip D. Cunningham III 150 Allegheny Center Mall Pittsburgh, PA 15212	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	D Thomas W. Golonski 20 Stanwix Street Pittsburgh, PA 15222	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	D A. Joseph Parker 1900 East Ninth Street Cleveland, OH 44114	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 required, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy C. Lulich

Date

(412) 442-3946

Daytime Phone #

CR2E034 (11/00)