

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000594**

1. Entity Name

PENNS LANDING SUPPLY COMPANY

Principal Place of Business

**4545 CAMPBELLS RUN RD.
PITTSBURGH PA 15205**

Mailing Address

**4545 CAMPBELLS RUN RD.
PITTSBURGH PA 15205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1427519

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PSD	☐ Delete
NAME	WYATT, RICHARD B	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE	VD	☐ Delete
NAME	WYATT, AARON W	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE	V	☐ Delete
NAME	EPISCOPO, FREDERICK T	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE	S	☐ Delete
NAME	GROSJEAN, JAMES	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

412-787-5600