

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000501

1. Entity Name

U.S. EVENTS AND MARKETING, INC.

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90012 009 ***550.00

Principal Place of Business

900 PARISH STREET
PITTSBURGH PA 15220

Mailing Address

900 PARISH STREET
PITTSBURGH PA 15220

ADD73192

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

25-1825736

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUSTAFSON, JAMES
4210 METRO PARKWAY SUITE 210
FT. MEYERS FL 33916

7. Name and Address of New Registered Agent

Name

Kelley McGrath

Street Address (P.O. Box Number is Not Acceptable)

4210 Metro Parkway, Suite 210

City

Ft. Myers

FL

Zip Code

33916

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

6-1-01

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

TITLE	PTC	<input type="checkbox"/> Delete
NAME	RENDA, ANTHONY F	
STREET ADDRESS	MERRIMAN ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	VSVC	<input type="checkbox"/> Delete
NAME	KELLY, MARYANN	
STREET ADDRESS	521 ELMVIEW DRIVE	
CITY-ST-ZIP	ELIZABETH PA 15037	
TITLE	EV	<input type="checkbox"/> Delete
NAME	D'ERRICO, IDA	
STREET ADDRESS	1170 BOWER HILL ROAD NO. 610	
CITY-ST-ZIP	PITTSBURGH PA 15243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renda, Anthony F	
STREET ADDRESS	Merriman Road	
CITY-ST-ZIP	Sewickley, PA 15143	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Maryann	
STREET ADDRESS	521 Elmview Drive	
CITY-ST-ZIP	Elizabeth, PA 15037	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'Errico, Ida	
STREET ADDRESS	1170 Bower Hill Road No. 610	
CITY-ST-ZIP	Pittsburgh, PA 15243	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-01

412 875 1800

Document #
F99000000501
AW73192

PREPARER'S STATEMENT

Based on all the information of which the preparer has knowledge, the attached return and accompanying schedules are; to the best of my knowledge and belief; true, correct and complete.

ARTHUR ANDERSEN LLP

By Wiane L. Klingensmith 5/30/01
2100 One PPG Place
Pittsburgh, Pennsylvania 15222
36-0732690