

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90123 040 ***150.00

DOCUMENT # F99000005948

1. Entity Name
PRO AM SOUTHEAST, INC.

Principal Place of Business
**ONE NORTHSORE CENTER, STE 200
 12 FEDERAL ST.
 PITTSBURGH PA 15212**

Mailing Address
**ONE NORTHSORE CENTER, STE 200
 12 FEDERAL ST.
 PITTSBURGH PA 15212-5701**

00008461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1841147**

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WELCH, JOHN W	
STREET ADDRESS	1 NORTHSORE CENTER, STE 200	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DADAY, MARK S	
STREET ADDRESS	1 NORTHSORE CENTER, STE 200	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ROBERTS, WILLIAM H	
STREET ADDRESS	1 NORTHSORE CENTER, STE 200	
CITY-ST-ZIP	PITTSBURGH PA 15212	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PASTERICK, KELLY M	
STREET ADDRESS	1 NORTHSORE CENTER, STE 200	
CITY-ST-ZIP	PITTSBURGH PA 15212	
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"/> 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoffmann, Frank A	
STREET ADDRESS	1 Northshore Center, Ste 200	
CITY-ST-ZIP	Pittsburgh PA 15212	
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: *Kelly M Pasterick* **AIRED** 1/10/2000 412-330-1014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)