FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92179 041 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

UUUUJJOU

DOCUMENT # L98000001680

1. Entity Name
SARDONYX III, L.C.

Principal Place of Business	Mailing Address
311 CASTLE SHANNON BLVD.	PO BOX [illegible]
PITTSBURGH, PA 15234	PITTSBURGH, PA [illegible]

2. Principal Place of Business	3. Mailing Address
	311 Castle Shannon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Pittsburgh, PA
Zip / Country	Zip: 15234 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-[illegible]2530 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SNELL, MARY VLASAK
1533 HENDRY STREET
FORT MYERS, FL 33901

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOHR, ROBERT C		NAME	
STREET ADDRESS	311 CASTLE SHANNON BLVD.		STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15234		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	

CR2E083 (10/02)

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the partner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Robert C. Lohr 4/28/03 412-341-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #