FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L9900008383 1. Entity Name 04-30-2002 90017 037 ****50.00 PARISH BASS URISH POPECK, L.L.C. Mailing Address Principal Place of Business 1020 8TH AVENUE SOUTH 946847 1020 8TH AVENUE SOUTH SUITE 1 SHITE 1 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0968051 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASS, TERRI L Street Address (P.O. Box Number is Not Acceptable) 1020 8TH AVENUE SOUTH NAPLES FL 34102 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS ■ Addition Change Change TITLE TITLE **MGRM** ☐ Delete NAME PARISH, DAVID E STREET ADDRESS STREET ADDRESS 1020 8TH AVENUE SOUTH, SUITE 1 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change Addition ☐ Delete TITLE TITLE MGRM NAME NAME BASS, TERRI L STREET ADDRESS STREET ADDRESS 1020 8TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change Addition ☐ Delete TITLE TITLE MGRM NAME NAME URISH POPECK & CO., L.L.C. STREET ADDRESS STREET ADDRESS THREE GATEWAY CENTER CITY-ST-7IP CITY-ST-ZIP PITTSBURGH PA 15222-1015 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE . 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ÁNAGER, OR AUTHORIZED REPRESENTATIVE