

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000002658

1. Entity Name

EVAP TECHNOLOGIES, LLC

Principal Place of Business

Mailing Address

2790 MOSSIDE BLVD.  
MONROEVILLE, PA 15146

2790 MOSSIDE BLVD.  
MONROEVILLE, PA 15146

FILED

01 JUL 30 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
2790 MOSSIDE BLVD.

3. Mailing Address  
2790 MOSSIDE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MONROEVILLE, PA

City & State  
MONROEVILLE, PA

4. FEI Number  
25-1876926

Applied For  
Not Applicable

Zip  
15146

Country  
USA

Zip  
15146

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004513070--5

-08/02/01--01068--025

\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

TITLE President ☐ Delete  
NAME Mark A. Shipps  
STREET ADDRESS 6910 Treeline Dr., Suite F  
CITY-ST-ZIP Brecksville, OH 44141

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

TITLE Vice President ☐ Delete  
NAME James M. Redwine  
STREET ADDRESS 2790 Mosside Blvd.  
CITY-ST-ZIP Monroeville, PA 15146

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

TITLE Vice President/Secretary ☐ Delete  
NAME Mary A. Geiger  
STREET ADDRESS 6910 Treeline Dr., Suite F  
CITY-ST-ZIP Brecksville, OH 44141

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

TITLE Vice President/Treasurer ☐ Delete  
NAME Richard R. Conte  
STREET ADDRESS 2790 Mosside Blvd.  
CITY-ST-ZIP Monroeville, PA 15146

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

TITLE James J. Pierson ☐ Delete  
NAME Assistant Secretary  
STREET ADDRESS 2790 Mosside Blvd.  
CITY-ST-ZIP Monroeville, PA 15146

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

James M. Redwine, 02/06/01

412-858-1536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)