

FILED
Jun 20, 2005 8:00 am
Secretary of State

DOCUMENT # M01000000731

Mailing Address
4951 LAKE BROOK DR., SUITE 500
GLEN ALLEN, VA 23060

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

05092005 Chg-LLC CR2E083 (10/03)

4. FEI Number
25-1877484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 reinstalling)

DATE _____

Filing Fee is \$50.00
Due by September 7, 2005

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	ROGAL, ANDREW L	
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500	
CITY - ST - ZIP	GLEN ALLEN, VA 23060	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	VAUGHN, III, MARTIN L	
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, JOHN P	
STREET ADDRESS	600 GRANT ST, USX TOWER, SUITE 5500	
CITY - ST - ZIP	PITTSBURGH, PA 15219	

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	TEACHOUT, J.SCOTT	
STREET ADDRESS	600 GRANT ST, USX TOWER, SUITE 5500	
CITY-ST-ZIP	PITTSBURGH, PA 15219	

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	LIEBERMAN, WILLIAM K	
STREET ADDRESS	600 GRANT ST, USX TOWER, SUITE 5500	
CITY+ST+ZIP	PITTSBURGH, PA 15219	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SMITH, WALTER L.	
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500	
CITY-ST-ZIP	GLEN ALLEN, VA 23060	

TITLE	Manager	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Timothy J. Korman		
STREET ADDRESS	4951 Lake Brook Drive, Ste 500		
CITY-ST-ZIP	Ches Allen VA 23060		

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	<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			

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:

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

Date _____

Daytime Phone #