


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90275 030 ****50.00

DOCUMENT # M02000000281 1. Entity Name CG2 LLC					
Principal Place of Business 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222			Mailing Address 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03012004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 26-0000250				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, HENRY C 27200 RIVERVIEW CENTER BLVD., STE. 309 BONITA SPRINGS, FL 34134				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, RICHARD R <input checked="" type="checkbox"/> Delete 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, JACK W <input type="checkbox"/> Delete 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, JAMES B <input type="checkbox"/> Delete 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEDESCO, ALLAN J <input type="checkbox"/> Delete 11 STANWIX ST., 15TH FLOOR PITTSBURGH, PA 15222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>ALAN J. TEDESCO, V.P.</u> 3-1-04 412-297-4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					