

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90009 042 \*\*\*\*\*50.00

0073430

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-0000250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	NELSON, RICHARD R	11 STANWIX ST., 15TH FLOOR	PITTSBURGH PA 15222	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	ELLIOTT, JACK W	11 STANWIX ST., 15TH FLOOR	PITTSBURGH PA 15222	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	BROWN, JAMES B	11 STANWIX ST., 15TH FLOOR	PITTSBURGH PA 15222	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	TEDESCO, ALLAN J	11 STANWIX ST., 15TH FLOOR	PITTSBURGH PA 15222	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

*ALLAN J. TEDESCO*

**TEDESCO SECRET. 3-21-03**

**412-297-4900**

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

Date

Daytime Phone #

CR2E083 (10/02)