2000 UNIFORM BUSINESS REPORT (UBR)							APPROVED AND			
DOCUMENT # M9500000326							FÎLED			
1. Entity Name CONTINENTAL DESIGN & SUPPLIES COMPANY, L.L.C.						00	00 MAY - 1 PM L: 13			
	•					SE	CRETARY OF STATE			
Principal Place of Business Mailing Address						TAL!	AHASSEE, FLORIDA).	•	
FOSTER PLAZA X 680 ANDERSEN DRIVE 690 ANDERSEN DRIVE										
680 ANDERSEN DRIVE 680 ANDERSEN DRIVE PITTSBURGH PA 15220 PITTSBURGH PA 15220-2700				00			INGIRAN ITS ITISI ANTI BANG TUKN SANI	17 00 61 01 66 166 001	11215 2111 1331	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEIN	1umber 25-1771994	 	plied For t Applicable	
Zip	Zip Country		Zip Cou		ntry	5. Certificate of Status Desired Specificate Status Desired Specificate Specif				
	-6. Name and Addres	ered Agent			7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY					Name					
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301								,		
					City	FL Zip Code				
8. The above	named entity submits this	statement for the pu	rpose of changing its	register	ed office o	registered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of		NOTE:	. D				ATE	<u></u>	
·	Signature, typed or printed riame of	registered agent and title it t				ure required when reinstati				
FILE NOW Make Check Payat					-		20000325 -05/18/00-	-010120	16	
							*****50.0	<u>}[] *******</u> [<u> </u>	
9. TITLE	MGRM	GING MEMBERS/M	Z Delete	10. TML		MGRM		Change	Addition	
NAME STREET ADDRESS	PAH- MANAGEMENT CORPORATION 1950 STEMMONS FREEWAY, SUITE 6001				AE EET ADDRE88	1 'a & 1	e Member, Inc en Drive Foster Pla	ra Ten		
CITY- 8T- ZIP					Y- 8T- ZIP	Pittsburg	n. PA 15220			
TITLE	MGRM Delete TF				LE AE	MGRM	Hotels.LLL	Change	Addition	
NAME STREET ADDRESS	TAT MEMBER, 110.				EFT ADDRESS 680 ANDOISEN Drive, Foster Thize Ich					
CITY: ST- ZIP	-Driadrio-17.10401				IY-8T-ZIP P. + 150 mg h PA 150 0				Addition -	
TITLE		•	- Delete	TITE						
STREET ADDRESS CITY-ST-ZIP				1	EET ADDRESS Y-ST-ZIP					
TITLE	Delote			TITL				Change	Addition	
NAME STREET ADDRESS				NAN 2TR	AE EET ADDRE ss					
CITY-ST-ZIP					r-st-zip					
TITLE Name			☐ Belete	TITL				☐ Change	Addition	
STREET ADDRESS	,			STR	EET ADDRESS					
CITY-81-ZIP	,	· · · · · · · · · · · · · · · · · · ·		CITY	r-ST-ZIP			☐ Change	Addittion	
TITLE NAME			☐ Delete	MAN	A E					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 1-81-Z(P					

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 fimited 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 OR MANAGER

CO00-16P(414)