

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90572 010 \*\*\*\*\*50.00

0073415

**DOCUMENT # M97000000140**

1. Entity Name

**ECKERT SEAMANS CHERIN & MELLOTT, LLC**



Principal Place of Business

**600 GRANT STREET, 44TH FLOOR  
PITTSBURGH PA 15219-2788**

Mailing Address

**600 GRANT STREET, 44TH FLOOR  
PITTSBURGH PA 15219-2788**

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 **25-1056909**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301**

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 **MGRM** ☐ Delete  
NAME **TUNGATE, DAVID E**  
STREET ADDRESS **600 GRANT ST 44TH FLOOR**  
CITY-ST-ZIP **PITTSBURGH PA 15219**

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

TITLE **MGRM** ☐ Delete  
NAME **DELINSKY, STEPHEN R**  
STREET ADDRESS **ONE INTERNATIONAL PLACE**  
CITY-ST-ZIP **BOSTON MA 02110**

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

TITLE **MGRM** ☐ Delete  
NAME **VERALDI, DENNIS L**  
STREET ADDRESS **600 GRANT STREET, 44TH FLOOR**  
CITY-ST-ZIP **PITTSBURGH PA 15219-2788**

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

TITLE **MGRM** ☐ Delete  
NAME **SWEENEY, THOMAS J**  
STREET ADDRESS **600 GRANT STREET, 44TH FLOOR**  
CITY-ST-ZIP **PITTSBURGH PA 15219-2788**

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

TITLE **MGRM** ☐ Delete  
NAME **WIEDMAN, RICHARD S**  
STREET ADDRESS **600 GRANT STREET, 44TH FLOOR**  
CITY-ST-ZIP **PITTSBURGH PA 15219-2788**

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

TITLE **MGRM** ☐ Delete  
NAME **RYAN, TIMOTHY P**  
STREET ADDRESS **600 GRANT ST 44TH FLOOR**  
CITY-ST-ZIP **PITTSBURGH PA 15219**

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** *Dennis Verardi* **SIGNATURE REQUIRED**

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

**4/29/2003**

Date

Daytime Phone #

CP2E083 (10/02)