

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 17 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99000001894**

1. Entity Name  
**ACR MANAGEMENT, L.L.C.**

Principal Place of Business 1165 CAMP HOLLOW RD. WEST MIFFLIN PA 15122	Mailing Address 1165 CAMP HOLLOW RD. WEST MIFFLIN PA 15122
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>25-1833304</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAAS, JAMES E	
STREET ADDRESS	158 HIGHLAND DRIVE	
CITY-ST-ZIP	JAMESTOWN RI 02835	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BALSON, ANDREW B	
STREET ADDRESS	TWO COPLEY PLACE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EDGERLEY, PAUL	
STREET ADDRESS	TWO COPLEY PLACE	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAHOKEY, DAVID W	
STREET ADDRESS	400 SECO RD.	
CITY-ST-ZIP	MONROEVILLE PA 15146	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KANIA, WILLIAM B	
STREET ADDRESS	71 N MOUNT VERNON AVE	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANTHONY, RAY G	
STREET ADDRESS	2 ALLEGHENY COUNTY AIRPORT	
CITY-ST-ZIP	WEST MIFFLIN PA 15122	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>100003337191--4</b>
CITY-ST-ZIP	<b>-07/26/00--01096--019</b>
	<b>*****50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED Date: 7/10/00 Daytime Phone # \_\_\_\_\_

CR2E083 (5/00)