

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001894

1. Entity Name

ACR MANAGEMENT, L.L.C.

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1165 CAMP HOLLOW RD.
WEST MIFFLIN PA 15122

1165 CAMP HOLLOW RD.
WEST MIFFLIN PA 15122

2. Principal Place of Business

800 WATERFRONT DRIVE

3. Mailing Address

800 WATERFRONT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsburgh, Pa

City & State

Pittsburgh, Pa

4. FEI Number

25-1833304

Applied For

Not Applicable

Zip

15222

Country

USA

Zip

15222

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HAAS, JAMES E
STREET ADDRESS 158 HIGHLAND DRIVE
CITY-ST-ZIP JAMESTOWN RI 02835

TITLE CEO ☐ Change ☒ Addition
NAME JEFFREY FENSON
STREET ADDRESS 800 WATERFRONT DRIVE
CITY-ST-ZIP PITTSBURGH, Pa 15222

TITLE MGRM ☒ Delete
NAME BALSON, ANDREW B
STREET ADDRESS TWO COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116

TITLE CFO ☐ Change ☒ Addition
NAME WILLIAM F. FABRIZIO
STREET ADDRESS 800 WATERFRONT DRIVE
CITY-ST-ZIP PITTSBURGH, Pa 15222

TITLE MGRM ☐ Delete
NAME EDGERLEY, PAUL
STREET ADDRESS TWO COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116

TITLE ☐ Change ☐ Addition
NAME 500004488355-6
STREET ADDRESS -07/20/01-01101-007
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME MAHOKEY, DAVID W
STREET ADDRESS 400 SECO RD.
CITY-ST-ZIP MONROEVILLE PA 15146

TITLE ☒ Change ☐ Addition
NAME MAHOKEY, DAVID W.
STREET ADDRESS 800 WATERFRONT DRIVE
CITY-ST-ZIP PITTSBURGH, Pa 15222

TITLE MGRM ☒ Delete
NAME KANIA, WILLIAM B
STREET ADDRESS 71 N. MOUNT VERNON AVE
CITY-ST-ZIP UNIONTOWN PA 15401

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

TITLE MGRM ☐ Delete
NAME ANTHONY, RAY G
STREET ADDRESS 2 ALLEGHENY COUNTY AIRPORT
CITY-ST-ZIP WEST MIFFLIN PA 15122

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:

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE