

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



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM			<input type="checkbox"/>
	HAAS, JAMES E	158 HIGHLAND DRIVE	JAMESTOWN RI 02835	
	MGRM			<input checked="" type="checkbox"/>
	BALSON, ANDREW B	TWO COPLEY PLACE	BOSTON MA 02116	
	MGRM			<input type="checkbox"/>
	EDGERLEY, PAUL	TWO COPLEY PLACE	BOSTON MA 02116	
	MGRM			<input type="checkbox"/>
	MAHOKEY, DAVID W	400 SECO RD.	MONROEVILLE PA 15148	
	MGRM			<input checked="" type="checkbox"/>
	KANIA, WILLIAM B	71 N. MOUNT VERNON AVE	UNIONTOWN PA 15401	
	MGRM			<input type="checkbox"/>
	ANTHONY, RAY G	2 ALLEGHENY COUNTY AIRPORT	WEST MIFFLIN PA 15122	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	CEO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	JEFFREY FENOA	800 WATERFRONT DRIVE	PITTSBURGH, Pa 15222		
	CEO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	William F. FABRIZIO	800 WATERFRONT DRIVE	PITTSBURGH, Pa 15222		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MAHOKEY, DAVID W.	800 WATERFRONT DRIVE	PITTSBURGH, Pa 15222		
				<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: *[Signature]*

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

Date

Daytime Phone #

7/6/01

CR2E083 (5/01)

STAPLE CHECK HERE