

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001894

1. Entity Name

ACR MANAGEMENT, L.L.C.

Principal Place of Business

800 WATERFRONT DRIVE
PITTSBURGH PA 15222

Mailing Address

800 WATERFRONT DRIVE
PITTSBURGH PA 15222

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 25-1833304

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

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HAAS, JAMES E	158 HIGHLAND DRIVE	JAMESTOWN RI 02835	<input type="checkbox"/>
CEO	FENTON, JEFFREY	800 WATERFRONT DRIVE	PITTSBURGH PA 15222	<input type="checkbox"/>
MGRM	EDGERLEY, PAUL	TWO COPLEY PLACE	BOSTON MA 02116	<input type="checkbox"/>
MGRM	MAHOKEY, DAVID W	400 SECO RD.	MONROEVILLE PA 15146	<input checked="" type="checkbox"/>
CFO	FABRIZIO, WILLIAM F	800 WATERFRONT DRIVE	PITTSBURGH PA 15222	<input checked="" type="checkbox"/>
MGRM	ANTHONY, RAY G	2 ALLEGHENY COUNTY AIRPORT	WEST MIFFLIN PA 15122	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (4/02)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90381 006 ****50.00

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DO NOT WRITE IN THIS SPACE

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: *James E. Haas* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #