## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2003 8:00 am **Secretary of State** DOCUMENT # N0200008433 01-31-2003 90134 002 \*\*\*\*61.25 CTC TAMPA BAY INC. Principal Place of Business Mailing Address 7935 114TH AVE 7935 114TH AVE LARGO FL 33773-5026 LARGO FL 33773-5026 2. Principal Place of Business 3. Mailing Address 100 CTC DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number JOHNSTOWN, PA 22-3882571 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 15904-1935 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Delete PD TITLE Change ☐ Addition TITLE MANTY, BRIAN A MANTY, BRIAN A NAME NAME STREET ADDRESS 7935 114TH AVE STREET ADDRESS 7935 114TH AVENUE CR2E037 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773-5026 LARGO, FL \_33773-5026 ☐ Delete ☐ Change TITLE TITLE ☐ Addition KATZ, MICHAEL A NAME NAME STREET ADDRESS 1300 PENNSYLVANIA AVE NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20004-3016 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME JOHNSON, ROBERT A NAME STREET ADDRESS 301 GRANT STREET 20TH FLOOR STREET ADDRESS CITY-ST-71E CITY-ST-ZIP PITTSBURG PA 15219-1410 ☐ Delete TITLE TITLE ☐ Change **Addition** DIVIRGILIO, MARGARET A NAME NAME STREET ADDRESS STREET ADDRESS 100 CTC DRIVE CITY-ST-ZIP CITY-ST-ZIP 15904-1935 JOHNSTOWN, PA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

FILED

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

EQUIRMARGARET A. DIVIRGILIO 1-21-03 814-266-2874