## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000108011 1. Entity Name EBL PROPERTIES, INC. 05-13-2002 90099 012 \*\*\*150.00 Principal Place of Business Mailing Address 2100 WHARTON ST. SUITE 700 2100 WHARTON ST. SUITE 700 PITTSBURGH PA 15203 PITTSBURGH PA 15203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ★ Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KING, CHRISTOPHER S NAME NAME STREET ADDRESS 2100 WHARTON ST, SUITE 700 STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15203 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FRISCH, ROBERT W STREET ADDRESS 2100 WHARTON ST, SUITE 700 STREET ADDRESS CITY-ST-7IP PITTSBURGH PA 15203 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME PAVLIK, DAVID G NAME STREET ADDRESS 2100 WHARTON ST. SUITE 700 STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15203 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS

13. 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 the 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 sample where the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attaching the with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR