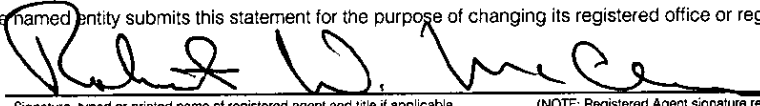
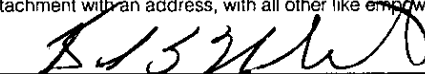


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90064 019 \*\*\*150.00

<b>DOCUMENT # P07045</b>			
1. Entity Name <b>M &amp; J MANAGEMENT PITTSBURGH, INC.</b>			
Principal Place of Business <b>147 DELTA DRIVE PITTSBURGH PA 15238 US</b>		Mailing Address <b>147 DELTA DRIVE PITTSBURGH PA 15238 US</b>	
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 <b>25-1200758</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MCCLURE, WILLIAM</b> <b>500 FIFTH AVENUE SOUTH</b> <b>SUITE 509</b> <b>NAPLES FL 34102</b>		Name <b>MCCLURE, ROBERT W.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>500 FIFTH AVENUE SOUTH</b>	
		<b>SUITE 509</b>	
		City <b>NAPLES</b> FL Zip Code <b>34102</b>	
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 		DATE <b>3-2-01</b>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>PD</b>		
CITY-ST-ZIP	<b>DELLIGATTI, MICHAEL J.</b>		
	<b>147 DELTA DRIVE</b>		
	<b>PITTSBURGH PA</b>		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>SVD</b>		
CITY-ST-ZIP	<b>DELLIGATTI, JAMES A.</b>		
	<b>147 DELTA DRIVE</b>		
	<b>PITTSBURGH PA</b>		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>T</b>		
CITY-ST-ZIP	<b>HUBERT, DANIEL E.</b>		
	<b>147 DELTA DRIVE</b>		
	<b>PITTSBURGH PA</b>		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>3/9/01</b> Daytime Phone # <b>412-963-6550</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DANIEL E. HUBERT, TREASURER</b>			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)