

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90069 045 \*\*\*150.00

**DOCUMENT # P15381**

1. Entity Name

**BURT HILL KOSAR RITTELMANN ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**400 MORGAN CENTER  
BUTLER PA 16001****400 MORGAN CENTER  
BUTLER PA 16001****C0049156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **25-1158495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLOCK, LYNDON T.  
13099 SOUTH CLEVELAND AVENUE, SUITE 500  
FT. MYERS FL 33907**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees


11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS GORDON, HARRY T 1056 THOMAS JEFFERSON ST. NW WASHINGTON DC 20007</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KOSAR, JOHN E 400 MORGAN CENTER BUTLER PA 16001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, STEPHEN A 1735 MARKET ST., 53RD FLOOR PHILADELPHIA PA 19103-2921</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP RITTELMANN, P. RICHARD 400 MORGAN CENTER BUTLER, PA 16001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIMER, DONALD R 650 SMITHFIELD ST., STE. 2600 PITTSBURGH PA 15222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GERMISHUIZEN, ANTON H. 650 SMITHFIELD STREET SUITE 2600 PITTSBURGH PA 15222</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MORIARTY, PETER H. DOLSHAYA DMITROVKA, 7/5 BLDG MOSCOW, RUSSIA 10-3009</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROCK, JOHN E 400 MORGAN CENTER BUTLER PA 16001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROTH, LOIS M. 400 MORGAN CENTER BUTLER PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT PAPPAS, KAREN L 400 MORGAN CENTER BUTLER, PA 16001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MCCURDY, FRANK G. 650 SMITHFIELD STREET, STE. 2600 PITTSBURG PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LINAMEN, DAVID R 400 MORGAN CENTER BUTLER, PA 16001</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

724.285.4761

Daytime Phone #

A Hack,  
C0049156  
# P15381

**2000 UNIFORM BUSINESS REPORT (UBR)**  
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**Burt Hill Kosar Rittelmann Associates, Inc.**

Attachment

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12. Additions/Changes to Officers and Directors in 11

<b>TITLE</b>	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>NAME</b>	VOGEL, THOMAS E.		
<b>STREET ADDRESS</b>	270 CONGRESS STREET		
<b>CITY-ST-ZIP</b>	BOSTON, MA 02210-1037		