

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90056 035 \*\*\*150.00

0608641

**DOCUMENT # P15381**

1. Entity Name

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

Principal Place of Business

**400 MORGAN CENTER  
 BUTLER PA 16001**

Mailing Address

**400 MORGAN CENTER  
 BUTLER PA 16001**

**00036166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1158495**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

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, 2001 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 ☐ Delete  
 NAME **DAS**  
 STREET ADDRESS **GORDON, HARRY T**  
 CITY-ST-ZIP **1056 THOMAS JEFFERSON ST. NW WASHINGTON DC 20007**

TITLE ☒ Change ☐ Addition  
 NAME **VTD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **KOSAR, JOHN E**  
 CITY-ST-ZIP **400 MORGAN CENTER BUTLER PA 16001**

TITLE ☒ Change ☐ Addition  
 NAME **CD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RIMER, DONALD R**  
 CITY-ST-ZIP **650 SMITHFIELD ST., STE. 2600 PITTSBURGH PA 15222**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **P. Richard Rittelmann**  
 CITY-ST-ZIP **400 Morgan Center Butler, PA 16001**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **MORIARTY, PETER H.**  
 CITY-ST-ZIP **DOLSHAYA DMITROVKA, 7/5 BLDG MOSCOW, RUSSIA 10-3009**

TITLE ☒ Change ☐ Addition  
 NAME **PD**  
 STREET ADDRESS **1056 Thomas Jefferson Street, NW**  
 CITY-ST-ZIP **Washington, DC 20007**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **ROTH, LOIS M.**  
 CITY-ST-ZIP **400 MORGAN CENTER BUTLER PA**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Anton H. Germishuizen**  
 CITY-ST-ZIP **650 Smithfield Street, Suite 2600 Pittsburgh, PA 15222**

TITLE ☒ Delete  
 NAME **VD**  
 STREET ADDRESS **MCCURDY, FRANK G.**  
 CITY-ST-ZIP **650 SMITHFIELD STREET, STE. 2600 PITTSBURG PA**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **John E. Brock**  
 CITY-ST-ZIP **400 Morgan Center Butler, PA 16001**

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: *John E. Kosar* **JOHN E. KOSAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.4.01**

Date

**724 477-1201**

Daytime Phone #

CR2E034 (10/00)

## 2001 Uniform Business Report (UBR)

Document #P15381

Burt Hill Kosar Rittelmann Associates, Inc.

Attachment

Attachment # P15381  
D0036166

Additions/Changes to Officers and Directors

<b>TITLE NAME</b>	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	David R. Linamen		
<b>CITY-ST-ZIP</b>	400 Morgan Center Butler, PA 16001		