

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91490 027 \*\*\*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**

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

**25-1158495**

Applied For

Not Applicable

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]*

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, 2002 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 **TD**  
 STREET ADDRESS **Linamen, David R.**  
 CITY-ST-ZIP **400 Morgan Center  
 Butler, PA 16001**

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

TITLE ☒ Change ☐ Addition  
 NAME **VPD**  
 STREET ADDRESS **Gordon, Harry T.**  
 CITY-ST-ZIP **1056 Thomas Jefferson St, NW  
 Washington, DC 20007**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RIMER, DONALD R**  
 CITY-ST-ZIP **650 SMITHFIELD ST SUITE 2800  
 PITTSBURGH PA 15222**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **MORIARTY, PETER H.**  
 CITY-ST-ZIP **1056 THOMAS JEFFERSON STREET NW  
 WASHINGTON DC 20007**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RITTELMANN, P. RICHARD**  
 CITY-ST-ZIP **400 MORGAN CENTER  
 BUTLER PA 16001**

TITLE ☒ Change ☐ Addition  
 NAME **VCD**  
 STREET ADDRESS **Rittelmann, P. Richard**  
 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

724-285-4761

Date

Daytime Phone #

CR2E034 (9/01)