

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90008 023 \*\*\*150.00

03/13/02 AT

**DOCUMENT # P15722**

1. Entity Name  
**PERDIDO LAND DEVELOPMENT CO., INC.**

Principal Place of Business

**ATTN: SECRETARY**  
**600 GRANT STREET, ROOM 1538**  
**PITTSBURGH PA 15219-1776**

Mailing Address

**ATTN: SECRETARY**  
**600 GRANT STREET, ROOM 1538**  
**PITTSBURGH PA 15219-1776**

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

**25-1555123**

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST**  
**#105**  
**TALLAHASSEE FL 32301**

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, 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 NAME **PD MOLLER, P** ☐ Delete  
 STREET ADDRESS **600 GRANT STREET**  
 CITY-ST-ZIP **PITTSBURGH PA**

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

TITLE NAME **VPD HOWARD, T J** ☐ Delete  
 STREET ADDRESS **600 GRANT ST**  
 CITY-ST-ZIP **PITTSBURGH PA 76**

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

TITLE NAME **CD KUEHN, M.R.** ☒ Delete  
 STREET ADDRESS **600 GRANT STREET**  
 CITY-ST-ZIP **PITTSBURGH PA**

TITLE NAME **Controller** ☐ Change ☒ Addition  
 STREET ADDRESS **W.P. McNally**  
 CITY-ST-ZIP **600 Grant Street**  
**Pittsburgh, PA**

TITLE NAME **ASD PEPPERNEY, KENNETH R** ☐ Delete  
 STREET ADDRESS **600 GRANT ST**  
 CITY-ST-ZIP **PITTSBURGH PA 76**

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

TITLE NAME **S MALICK, CD** ☐ Delete  
 STREET ADDRESS **600 GRANT ST**  
 CITY-ST-ZIP **PITTSBURGH P 76**

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

TITLE NAME **TD STRUEBING, S K** ☐ Delete  
 STREET ADDRESS **600 GRANT STREET**  
 CITY-ST-ZIP **PITTSBURGH PA 15219**

TITLE NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 412-433-2882

Date

Daytime Phone #

CR2E034 (9/01)