

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90006 025 \*\*\*150.00

**DOCUMENT # P24323**

1. Entity Name

**LAPLACE LAND COMPANY**

Principal Place of Business

**RM 772 ONE MELLON BANK CENTER  
 PITTSBURGH PA 15258**

Mailing Address

**RM 772 ONE MELLON BANK CENTER  
 PITTSBURGH PA 15258**

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

**74-2374589**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC WHITE, SHERMAN L 1535 ONE MELLON CENTER PITTSBURGH PA 15258-0001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LARMER, ALBERT N 4502 ONE ELLON CENTER PITTSBURGH PA 15258-0001</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC HEISER, JOSEPH P 4826 ONE MELLON CENTER PITTSBURGH PA 15258-0001</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST SCIULLO, JOANNE E 772 ONE MELLON CENTER PITTSBURGH PA 15258-0001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President J. David Thompson One Mellon Center, Room 1535 Pittsburgh, PA 15258-0001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Mellon Center, Room 5325 Pittsburgh, PA 15258-0001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Mellon Center, Room 4826</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT Joanne S. Huber One Mellon Center, Room 772 Pittsburgh, PA 15258-0001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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

Daytime Phone #

**Joanne S. Huber** **Joanne S. Huber** **1-8-02** **412-234-1334**

CR2E034 (9/01)



Attachment 807026  
Date P 24323

**Mellon**

Mellon Bank, N. A.  
One Mellon Center, Room 772  
Pittsburgh, PA 15258-0001

January 8, 2002

Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

The following return(s) is enclosed:

2002 Annual Report

For the State of FL

The company filing this return is:

LaPlace Land Company

A check in the amount of \$150.00 is enclosed.

Very truly yours,

*Michelle M. Malone*

Michelle M. Malone

Enclosure(s)

cc: Joanne S. Huber