

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P24568**

1. Entity Name

ULTIMAR DEVELOPMENT CORPORATION**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90103 048 ***150.00

037542

Principal Place of Business
C/O USX CORPORATION
600 GRANT STREET ROOM 1538
PITTSBURGH PA 15219-4776Mailing Address
C/O USX CORPORATION
600 GRANT STREET ROOM 1538
PITTSBURGH PA 15219-4776**C0041153**

DO NOT WRITE IN THIS SPACE

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	52-1644193	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 HAYS STREET SUITE 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLER, PETER	NAME	
STREET ADDRESS	600 GRANT STREET	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219-4776	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, THOMAS J.	NAME	
STREET ADDRESS	6200 E. J. OLIVER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD AL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUEBING, STEPHEN K.	NAME	
STREET ADDRESS	600 GRANT STREET	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHN, MARK R	NAME	
STREET ADDRESS	600 GRANT STREET	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219-4776	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPERNEY, KENNETH R	NAME	
STREET ADDRESS	600 GRANT STREET	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219-4776	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALICK, CRAIG D.	NAME	
STREET ADDRESS	600 GRANT ST	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	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.

Craig D. Mallick**SIGNATURE:**

Assistant Secretary

3/27/01

(412) 433-2976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)