

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29785

1. Entity Name

ULTIMAR TWO DEVELOPMENT CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90011 045 ***150.00

Principal Place of Business

Mailing Address

600 GRANT ST
ROOM 1538
PITTSBURGH PA 15219-4776
US

600 GRANT ST
ROOM 1538
PITTSBURGH PA 15219-2703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-0996816

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

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERRARA, A E JR	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWARD, T G	
STREET ADDRESS	6200 E J OLIVER BLVD	
CITY-ST-ZIP	FAIRFIELD AL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STANTON, ROBERT M.	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STREUBING, S K	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DC	<input type="checkbox"/> Delete
NAME	KUEHN, MARK R	
STREET ADDRESS	600 GRANT S	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MALLICK, CRAIG D	
STREET ADDRESS	600 GRANT ST	
CITY-ST-ZIP	PITTSBURGH PA	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Moller	
STREET ADDRESS	600 Grant Street	
CITY-ST-ZIP	Pittsburgh PA 15219-4776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth R. Pepperney	
STREET ADDRESS	600 Grant Street	
CITY-ST-ZIP	Pittsburgh PA 15219-4776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Craig D. Mallick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig D. Mallick

2/3/2000

412-433-2882

Date

Daytime Phone #

CR2E034 (9/99)