

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29879

1. Entity Name

AES INCORPORATED

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90042 048 ***550.00

Principal Place of Business

Mailing Address

4068 MT ROYAL BLVD
SUITE 210
ALLISON PARK PA 15101
US

4068 MT ROYAL BLVD
SUITE 210
ALLISON PARK PA 15101-2951
US

2. Principal Place of Business

4990 GRAND AVE.

Suite, Apt. #, etc.

3. Mailing Address

4990 GRAND AVE

Suite, Apt. #, etc.

City & State

PITTSBURGH PA

City & State

PITTSBURGH PA

4. FEI Number

73-1323620

Applied For

Not Applicable

Zip

Country

15225

USA

Zip

Country

15225

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNER, HOGAN, PEARSE & COLEMAN
613 S. MYRTLE
CLEARWATER FL 34617

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, 2000 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 ☐ Delete
NAME PTD
STREET ADDRESS TORRENCE, DAVID
CITY-ST-ZIP 4068 MT ROYAL BLVD #210
ALLISON PARK PA

TITLE ☐ Delete
NAME VSD
STREET ADDRESS CLARY, SCOTT
CITY-ST-ZIP 4068 MT ROYAL BLVD #210
ALLISON PARK PA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14 BLACKBURN ROAD
CITY-ST-ZIP SEWICKLEY PA 15225

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 142 OVERBROOK ROAD
CITY-ST-ZIP VALENCIA PA 16059

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

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

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

TITLE ☐ Change ☐ 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: DAVID TORRENCE 09-13-00 (412) 262-5700 x221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)