

# 2020 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31873

1. Entity Name

MASTECH SYSTEMS CORPORATION

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90091 028 \*\*\*550.00

Principal Place of Business

1004 MCKEE RD  
OAKDALE PA 15071-1099  
US

Mailing Address

1004 MCKEE RD  
OAKDALE PA 15071-1099  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1529755

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	CPD	<input type="checkbox"/> Delete
NAME	TRIVEDI, ASHOK	
STREET ADDRESS	<del>1415 STURDY OAK DR.</del>	
CITY-ST-ZIP	<del>PITTSBURGH PA</del>	
TITLE	CCD	<input type="checkbox"/> Delete
NAME	WADHWANI, SUNIL	
STREET ADDRESS	<del>930 OSAGE RD</del>	
CITY-ST-ZIP	<del>PITTSBURGH PA</del>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COLIN, MARY	
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE PA 15071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE, PA 15071	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE, PA 15071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANEY, BRUCE	
STREET ADDRESS	1004 MCKEE ROAD	
CITY-ST-ZIP	OAKDALE, PA 15071	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

Date

412-490-7911

Daytime Phone #

CR2E034 (5/00)