

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90234 003 ***150.00

DOCUMENT # P37992

1. Entity Name
NDC CONSULTANTS, INC.



Principal Place of Business
**1001 3RD AVE W
STE 410
BRADENTON FL 34205
US**

Mailing Address
**4415 FIFTH AVE.
PITTSBURGH PA 15213
US**

10017010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1524473**

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

**ALLEN, RONALD J.
1001 3RD AVE., W.
STE. 410
BRADENTON FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input type="checkbox"/> Delete
NAME	BALSINGER, WILLIAM E	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CONNOR, DIANE G	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MASON, MARTIN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KREUTZER, KAREN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BASKIN, SEYMOUR	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BELLINO, KATHLEEN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH PA	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Bellino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 412-578-7828
Date Daytime Phone #

CR2E034 (10/02)