FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name		00048114 sing, INC.	(Ethernolli)	7 *		Feb 18, 20 Secretary 02-18-2002 900	y of Sta	ıte
Principal Place of Business 4990 GRAND AVE PITTSBURGH PA 15225 US		Mailing Address 4990 GRAND AVE PITTSBURGH PA 15225 US						
2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address			DO NOT WRITE IN THIS SPACE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	e	City & State			<b>4.</b> F	El Number <b>25-1714594</b>		plied For t Applicable
Zip Country		Zip Cou		ntry	<b>5.</b> C	Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				Name	7. N	ame and Address of New Regist	ered Agent -	
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105			Š.	Street Add	dress (P.O. B	ox Number is Not Acceptable)		
TALLAHASSEE FL 32301				City			FL Zip Code	•
Tax filing r (See criter	Signature, typed or printed name of registered against and is eligible to satisfy its Intangit requirement and elects to do so.	After May 1, 20 Make Check Payat	!! FEE 02 Fee	will be \$55 Department	) 0.00 of State	instating)  10. Election Campaign Financin Trust Fund Contribution.  DITIONS/CHANGES TO OFFICER	Added Added	O May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRENCE, DAVID 14 BLACKBURN ROAD SEWICKLEY PA 15143	ID DIRECTORS  Delete	ST	——"Т	AU	DITIONS/CHANGES TO OFFICER	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete CLARY, SCOTT 590 CALLERY ROAD CRANBERRY TWP PA 16066		STI	LE ME REET ADDRESS IY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Delete '	NA STI	'LE ' ME REET ADDRESS IY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NA STI	ILE ME REET ADDRESS IY-ST-ZIP	,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NA ST	TLE ME REET ADDRESS IY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NA ST	TLE IME REET ADDRESS TY-ST-ZIP		140.07/3VI) Elocido Statutos I furt	Change	Addition

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

Date

Date

Date

Date

Dayline Phone \* X 25.7