

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0577140 AT

DOCUMENT # **836039**

Entity Name
THE PANNIER CORPORATION

02-20-2002 90159 022 ***150.00

Principal Place of Business Mailing Address
207 SANDUSKY ST. **207 SANDUSKY ST.**
PITTSBURGH PA 15212 **PITTSBURGH PA 15212**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		25-0940589		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORP SYSTEMS 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back).	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKERT, JOHN		NAME		
STREET ADDRESS	P.O. BOX 2382		STREET ADDRESS		
CITY-ST-ZIP	CLARKSBURG WV 26302-2382		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VISCONTI, JOHN		NAME		
STREET ADDRESS	3101 MT ROYAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	GLENSHAW PA 15116		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDDAEUS, SCOTT		NAME		
STREET ADDRESS	217 JOHNSTON RD		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15241		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VISCONTI, CATHIE		NAME		
STREET ADDRESS	3101 MT ROYAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	GLENSHAW PA 15116		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDDAEVS, JANICE		NAME	HEDDAEVS	
STREET ADDRESS	219 SEMINOLE TRAIL		STREET ADDRESS	2641 HUNTERS POINT DR	
CITY-ST-ZIP	BUTLER PA 16001		CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBS, DAVID E		NAME		
STREET ADDRESS	8451 PEEBLES RD.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15237		CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 E Gibbs 1/30/02 412323 4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)