## Current Principal Place of Business:

6021 WALLACE ROAD EXTENSION 100
WEXFORD, PA 15090

## Current Mailing Address:

6021 WALLACE ROAD EXTENSION 100
WEXFORD, PA 15090

## FEI Number: 20-4789627

Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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:
Electronic Signature of Registered Agent

## Officer/Director Detail :

| Title | DP | Title | DVPT |
| :---: | :---: | :---: | :---: |
| Name | NICHOLAS, JOSEPH A | Name | SHOGAN, ANDREW J |
| Address | 6021 WALLACE ROAD EXTENSION SUITE 100 | Address | 6021 WALLACE ROAD EXTENSION SUITE 100 |
| City-State-Zip: | WEXFORD PA 15090 | City-State-Zip: | WEXFORD PA 15090 |
| Title | D | Title | D |
| Name | MARKS, STANLEY M | Name | ADAMS, JOEL |
| Address | 6021 WALLACE ROAD EXTENSION SUITE 100 | Address | 6021 WALLACE ROAD EXTENSION SUITE 100 |
| City-State-Zip: | WEXFORD PA 15090 | City-State-Zip: | WEXFORD PA 15090 |
| Title | D | Title | D |
| Name | ELLIS, PETER G | Name | TAYLOR, GREGORY |
| Address | 6021 WALLACE ROAD EXTENSION SUITE 100 | Address | 6021 WALLACE ROAD EXTENSION SUITE 100 |
| City-State-Zip: | WEXFORD PA 15090 | City-State-Zip: | WEXFORD PA 15090 |

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[^0]:    I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

