

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90136 010 ***150.00

DOCUMENT # V10309

1. Entity Name
SOUTHSHIRE, INC.

Principal Place of Business ONE MONROEVILLE CENTER SUITE 900 MONROEVILLE PA 15146 US	Mailing Address ONE MONROEVILLE CENTER SUITE 900 MONROEVILLE PA 15146 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0319656	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HCRM CORP.
 2200 CORPORATE BLVD NW
 SUITE 401
 BOCA RATON FL 33431**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	P <input type="checkbox"/> Delete
NAME	DVORSKY, MICHAEL M.
STREET ADDRESS	ONE MONROEVILLE CENTER, SUITE 900
CITY-ST-ZIP	MONROEVILLE PA 15146
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	KIMBLE, DAVID W
STREET ADDRESS	1717 PENN AVE. STE. 5016
CITY-ST-ZIP	PITTSBURGH PA 15221
TITLE	VASD <input type="checkbox"/> Delete
NAME	RINGHAM, WILLIAM O
STREET ADDRESS	ONE MONROEVILLE CENTER, SUITE 900
CITY-ST-ZIP	MONROEVILLE PA 15146
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	MCKINNEY J DONALD
STREET ADDRESS	1717 PENN AVE., #5016
CITY-ST-ZIP	PITTSBURGH PA
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	PASQUALE, JOSEPH L
STREET ADDRESS	1717 PENN AVE., #5016
CITY-ST-ZIP	PITTSBURGH PA 15221
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah A Simpson
STREET ADDRESS	One Monroeville Center
CITY-ST-ZIP	Suite 900 Pittsburgh, PA 15146
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	VASTD
STREET ADDRESS	William O. Ringham
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
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: *Michael M. Dvorsky*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4.4.01** Daytime Phone # **412-372-1746**

CR2E034 (10/00)