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FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831894 (1)
1. Corporation Name
TRUMBULL CORPORATION



Principal Place of Business: **1020 LEBANON ROAD P.O. BOX 98100 PITTSBURGH PA 15227**
Mailing Address: **1020 LEBANON ROAD P.O. BOX 98100 PITTSBURGH PA 15227-0500**

3. Date Incorporated or Qualified: **02/26/1974**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **25-1021993**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RAGO, MICHAEL J.	
STREET ADDRESS	891 FREDERICKA DRIVE	
CITY-ST-ZIP	BETHEL PARK PA	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CLARK, STEPHEN M.	
STREET ADDRESS	1048 GRANDVIEW FARMS DR	
CITY-ST-ZIP	BETHEL PARK PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECHT, ROBERT	
STREET ADDRESS	1743 HASTINGS MILL RD	
CITY-ST-ZIP	PITTS PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICK, LOUISE H.	
STREET ADDRESS	123 VILLAGE CT	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, DIANE D.	
STREET ADDRESS	2119 BLAIRMONT DR.	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HECHT, JANE S	
STREET ADDRESS	1743 HASTINGS MILL RD	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/15/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)