SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/1/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 8:44

DOCUMENT # **835915** **(0)**

1. Corporation Name
PROVCOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O J.T. DONNALLEY M.S. 12-19-03 P.O. BOX 7648 PHILADELPHIA PA 19101-4648	C/O J.T. DONNALLEY M.S. 12-19-03 P.O. BOX 7648 PHILADELPHIA PA 19101-4648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1976
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 P.O. Box 7648
City & State: 23 Philadelphia, PA
Zip: 24 19101-4648 Country: 25

2a. Mailing Address
26 One PNC Plaza
Suite, Apt. #, etc.: 27 Corp. Tax Dept., 27th Fl.
City & State: 28 Pittsburgh, PA
Zip: 29 15265 County: 30 Allegheny

4. FEI Number: 23-1994818 ☐ 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

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: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO	11 TITLE	☒ Change ☐ Addition
NAME	DONNALLEY, JOSEPH T.	12 NAME	
STREET ADDRESS	P.O. BOX 7648 NA	13 STREET ADDRESS	Broad & Chestnut Streets
CITY ST ZIP	PHILADELPHIA PA	14 CITY ST ZIP	
TITLE	D	21 TITLE	P/D ☒ Change ☐ Addition
NAME	HOFFMAN, ROBERT H.	22 NAME	William J. Friel
STREET ADDRESS	BROAD & CHESTNUT STREETS	23 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	24 CITY ST ZIP	
TITLE	C	31 TITLE	V ☒ Change ☐ Addition
NAME	MCSHEA, MICHELLE W	32 NAME	John S. Fioravanti
STREET ADDRESS	BROAD & CHESTNUT STREETS	33 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	34 CITY ST ZIP	
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	MACIVER, J. ROBERTSON	42 NAME	Thomas R. Moore
STREET ADDRESS	BROAD & CHESTNUT STREETS	43 STREET ADDRESS	Fifth Avenue & Wood Street
CITY ST ZIP	PHILADELPHIA PA	44 CITY ST ZIP	Pittsburgh, PA
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MCCLENNAN, WALTER B.	52 NAME	
STREET ADDRESS	BROAD & CHESTNUT STREETS	53 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA	54 CITY ST ZIP	
TITLE	T	61 TITLE	☒ Change ☐ Addition
NAME	SERFASS, DIANA L	62 NAME	Lynn F. Evans
STREET ADDRESS	BROAD & CHESTNUT STREETS	63 STREET ADDRESS	Fifth Avenue & Wood Street
CITY ST ZIP	PHILADELPHIA PA	64 CITY ST ZIP	Pittsburgh, PA

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas R. Moore 6/12/95 412-762-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas R. Moore, Vice President & Assistant Secretary

0176300 FN