FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

PROVCOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
P O BOX 7648 P.O. BOX 7648 PHILADELPHIA PA 19101-4648 US	ONE PNC PLAZA CORP TAX DEPT PITTSBURG PA 15265 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **03/10/1976**
3a. Date of Last Report: **06/26/1995**

4. FEI Number: **23-1984818** ☐ 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TO	☑ DELETE	1.1 TITLE	S	☐ Change ☑ Addition
NAME	DONNALLEY, JOSEPH T.		1.2 NAME	Coghlan, Sharon G.	
STREET ADDRESS	BRAOD & CHESTNUTS ST		1.3 STREET ADDRESS	Broad & Chestnut Streets	
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP	Philadelphia, PA	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRIEL, WILLIAM J		2.2 NAME		
STREET ADDRESS	BROAD & CHESTNUT STREETS		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIORAVANTI, JOHN S		3.2 NAME		
STREET ADDRESS	BROAD & CHESTNUT STREETS		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	V	☑ Change ☐ Addition
NAME	MOORE, WHOMAS R		4.2 NAME	Moore, Thomas R.	
STREET ADDRESS	5TH AVE & WOOD ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP	Pittsburgh, PA	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCLENNAN, WALTER B.		5.2 NAME		
STREET ADDRESS	BROAD & CHESTNUT STREETS		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	EVANS, LYNN F		6.2 NAME	Swanson, Stephen L.	
STREET ADDRESS	5TH AVE & WOOD ST		6.3 STREET ADDRESS	Broad & Chestnut Streets	
CITY-ST-ZIP	PHILADELPHIA PA		6.4 CITY-ST-ZIP	Philadelphia, PA	

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)(k), 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: _____ April 30, 1996 (412) 762-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)