

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **846085** (9)  
1. Corporation Name  
**BUCHANAN INGERSOLL PROFESSIONAL CORPORATION**



Principal Place of Business  
**301 GRANT STREET  
20TH FLOOR  
PITTSBURGH PA 15219-1410  
US**

Mailing Address  
**301 GRANT STREET  
20TH FLOOR - ATTN MILES H SIMON  
PITTSBURGH PA 15219-1408  
US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**05/28/1980**

4. FEI Number  
**25-1381032**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUBIN, JOSHUA L.  
19495 BISCAYNE BLVD  
SUITE 608  
NORTH MIAMI BCH. FL 33180**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>POD</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWLIN, WILLIAM R.</b>	
STREET ADDRESS	<b>301 GRANT STREET - 20TH FLOOR</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VANKIRK, THOMAS L.</b>	
STREET ADDRESS	<b>301 GRANT STREET - 20TH FLOOR</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FLINN, MICHAEL J.</b>	
STREET ADDRESS	<b>301 GRANT STREET - 20TH FLOOR</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BOOKEN, BRUCE I</b>	
STREET ADDRESS	<b>301 GRANT STREET - 20TH FLOOR</b>	
CITY - ST - ZIP	<b>PITTSBURGH PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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.

CR2E034 (10/97)