

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002160 (9)**

1. Corporation Name  
**STAFF AIRPORT SERVICES, INC.**



Principal Place of Business: P.O. BOX 12357, PITTSBURGH PA 15231  
Mailing Address: P.O. BOX 12357, PITTSBURGH PA 15231

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

3. Date Incorporated or Qualified: 04/26/1994  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 25-1418984  
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 RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ (NAME: Registered Agent signature required when changing office or agent) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: PVST  
NAME: O'LEARY, MARY M  
STREET ADDRESS: 141 MAYER DR.  
CITY-ST-ZIP: OAKDALE PA 15071  
[ ] DELETE

TITLE: DC  
NAME: O'LEARY, MARY M  
STREET ADDRESS: 141 MAYER DR.  
CITY-ST-ZIP: OAKDALE PA 15071  
[ ] DELETE

TITLE: [ ] DELETE  
NAME: [ ] DELETE  
STREET ADDRESS: [ ] DELETE  
CITY-ST-ZIP: [ ] DELETE

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TITLE: [ ] DELETE  
NAME: [ ] DELETE  
STREET ADDRESS: [ ] DELETE  
CITY-ST-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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 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: *Mary M. O'Leary* MARY M. O'LEARY, Pres., 3/29/96 412-472-5151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)