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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90224 008 ***150.00

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DOCUMENT # F96000005047

1. Corporation Name
IHC REALTY CORPORATION

Principal Place of Business
FOSTER PLAZA X. 680 ANDERSEN DR
PITTSBURGH PA 15220

Mailing Address
FOSTER PLAZA X. 680 ANDERSEN DR
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1996

4. FEI Number: 25-1727175 — ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1950 Stemmons Freeway	26 1950 Stemmons Freeway
Suite, Apt. #, etc.: 22 Suite 6001	Suite, Apt. #, etc.: 27 Suite 6001
City & State: 23 Dallas, Texas	City & State: 28 Dallas, Texas
Zip: 24 75207 Country: 25	Zip: 29 75207 Country: 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	Director ☐ Change ☐ Addition
NAME	PARRINGTON, W. THOMAS JR		1.2 NAME	Thomas A. Lattin
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR		1.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	PITTSBURGH PA 15220		1.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE	VT	☒ DELETE	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	RICHARDSON, J. WILLIAM		2.2 NAME	Karim Alibhai
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR		2.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	PITTSBURGH PA 15220		2.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE	SD	☒ DELETE	3.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	DROZ, MARVIN I		3.2 NAME	Lawrence S. Jones
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR		3.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	PITTSBURGH PA 15220		3.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE	D	☒ DELETE	4.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	FINE, MILTON		4.2 NAME	Carla S. Moreland
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR		4.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	PITTSBURGH PA 15220		4.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Lawrence S. Jones 4/26/99 SIGNATURE REQUIRED Lawrence S. Jones, Treas — 214/863-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)