

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22 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 # F97000001387 (6)
1. Corporation Name

GENERAL NUTRITION GOVERNMENT SERVICES, INC.



Principal Place of Business

821 PENN AVE.
PITTSBURGH PA 15129

Mailing Address

821 PENN AVE.
PITTSBURGH PA 15129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

2. Principal Place of Business

21 300 Sixth Ave

Suite, Apt. #, etc.

22 Attn: Tax Dept

City & State

23 Pittsburgh PA

Zip

24 15222

Country

25 USA

2a. Mailing Address

26 300 Sixth Ave

Suite, Apt. #, etc.

27 Attn: Tax Dept

City & State

28 Pittsburgh PA

Zip

29 15222

Country

30 USA

4. FEI Number

25-1797015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

TITLE C ☐ DELETE

NAME HORN, JERRY D
STREET ADDRESS 239 CHERRYDALE DR.
CITY-ST-ZIP PITTSBURGH PA 15220

TITLE PCEO ☐ DELETE

NAME WATTS, WILLIAM E
STREET ADDRESS 119 WITHEROW RD.
CITY-ST-ZIP SEWICKLEY PA 15143

TITLE VT ☐ DELETE

NAME KOZLOWSKI, EDWIN J
STREET ADDRESS 39 STANCEY RD.
CITY-ST-ZIP PITTSBURGH PA 15228

TITLE VS ☐ DELETE

NAME SANDER, JAMES M
STREET ADDRESS 1417 TERRACE DR.
CITY-ST-ZIP PITTSBURGH PA 15228

TITLE V ☐ DELETE

NAME COOPER, RUSSELL L
STREET ADDRESS 1920 LAKE MARSHALL DR.
CITY-ST-ZIP PITTSBURGH PA 15044

TITLE AS ☒ DELETE

NAME FRIZLEN, WILLIAM D
STREET ADDRESS 792 SCRUBGRASS RD.
CITY-ST-ZIP MT. LEBANON PA 15243

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

ASSISTANT SECRETARY
Marmo, Ronald M.
300 Sixth Ave
Pittsburgh PA 15222

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.

SIGNATURE

[Signature]

7-14-98 (412) 288-4162

CR2E034 (5/98)