

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <i>not 98AR</i>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *F91000004040*

1. Corporation Name  
**DOWNTOWN PROPERTIES** *1* **INC.** *OF PA,*

Principal Place of Business <b>5 West Tenth Street Erie, PA 16501</b>	Mailing Address <b>5 West Tenth Street Erie, PA 16501</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>5 West Tenth Street</b>	3. Date Incorporated or Qualified <b>02/01/97</b>	3a. Date of Last Report <b>NA</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>25-1111446</b>	Applied For <input type="checkbox"/> <b>Not Applicable</b>
City & State <b>23</b> <b>Erie, PA</b>	City & State <b>28</b> <b>Erie, PA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Arthur W. Baldwin**  
**5 West Tenth Street**  
**Erie, PA 16501**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>James D. Vogel, Esquire</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>3936 Tamiami Trail North, Suite B</b>
<b>83</b>
<b>84</b> City <b>Naples</b> <b>FL</b> <b>85</b> Zip Code <b>34103</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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.

*4/20/98*

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>President</b> <input type="checkbox"/> DELETE	NAME <b>Arthur W. Baldwin</b>
STREET ADDRESS <b>5 West Tenth Street</b>	CITY - ST - ZIP <b>Erie, PA 16501</b>
TITLE <b>Vice-President</b> <input type="checkbox"/> DELETE	NAME <b>Gregory G. Baldwin</b>
STREET ADDRESS <b>5 West Tenth Street</b>	CITY - ST - ZIP <b>Erie, PA 16501</b>
TITLE <b>Secretary-Treasurer</b> <input type="checkbox"/> DELETE	NAME <b>John R. Baldwin</b>
STREET ADDRESS <b>5 West Tenth Street</b>	CITY - ST - ZIP <b>Erie, PA 16501</b>
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY - ST - ZIP
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

**100002503591**  
~~04/28/98~~ 01095-032  
 \*\*\*150.00

*W-28*

14. I do 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:** *Gregory G. Baldwin* **MAR 11 1998** (814) 454-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/95)