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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90144 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004414

1. Corporation Name
SCOTT SERVICE CORPORATION

Principal Place of Business 300 SCOTSDALE AVE SCOTSDALE PA 15683	Mailing Address P.O. BOX 414 SCOTSDALE PA 15683
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/04/1998	
4. FEI Number APPLIED FOR 25-1000923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	LEMIN, RANDY D	
STREET ADDRESS	HCR1 BOX 225	
CITY-ST-ZIP	CASSVILLE PA 16623	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CALFO, CARL L	
STREET ADDRESS	6502 MORNINGSIDE COURT	
CITY-ST-ZIP	MIDDLETOWN MD 21769	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUIGLEY, LAWRENCE W	
STREET ADDRESS	NO. 123 EMERSON LANE	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COMO, SANDRA E	
STREET ADDRESS	613 HENRY STREET	
CITY-ST-ZIP	BELLE VERNON PA 15012	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WISHART, JAMES	
STREET ADDRESS	302 SPRUCE STREET	
CITY-ST-ZIP	SCOTSDALE PA 15683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Mongell	
1.3 STREET ADDRESS	541 East Crawford Avenue	
1.4 CITY-ST-ZIP	Connellsville, PA 15425	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	300 Scottdale Avenue	
3.4 CITY-ST-ZIP	Scottdale, PA 15683	
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	Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Scottdale, PA 15683	
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lori J. Gruss	
6.3 STREET ADDRESS	115 1/2 South Shupe Street	
6.4 CITY-ST-ZIP	Mt. Pleasant, PA 15666-1918	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED** 2-25-99 724-887-9110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)