

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:25

DOCUMENT # **831894** (1)
1. Corporation Name
TRUMBULL CORPORATION

Principal Place of Business	Mailing Address
1020 LEBANON ROAD P.O. BOX 98100 PITTSBURGH PA 15227	1020 LEBANON ROAD P.O. BOX 98100 PITTSBURGH PA 15227

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/26/1974	3a. Date of Last Report 04/06/1994
4. FEI Number 25-1021993	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name
	02 Street Address (P.O. Box Number is Not Acceptable)
	03
	04 City
	05 Zip Code
	FL

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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGO, MICHAEL J.	1.2 NAME	
STREET ADDRESS	891 FREDERICKA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BETHEL PARK PA	1.4 CITY - ST - ZIP	
TITLE	DVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, STEPHEN M.	2.2 NAME	
STREET ADDRESS	1046 GRANDVIEW FARMS DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BETHEL PARK PA	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, ROBERT	3.2 NAME	
STREET ADDRESS	1743 HASTINGS MILL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTS PA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, LOUISE H.	4.2 NAME	
STREET ADDRESS	123 VILLAGE CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, DIANE D.	5.2 NAME	
STREET ADDRESS	2119 BLAIRMONT DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, JANE S	6.2 NAME	
STREET ADDRESS	1743 HASTINGS MILL RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	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 110.07(3)(b), 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: Sandra B. Northing 4/4/95 (412) 462-9300
BIOGRAPHIC AND LINED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #