

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000303 (7)**

1. Corporation Name

STREAMWELL CORPORATION



Principal Place of Business

Mail/Air Mailing

824 MARKET ST.
SUITE 900
WILMINGTON DE 19801

824 MARKET ST.
SUITE 900
WILMINGTON DE 19801

2. Principal Place of Business

2a. Mail/Air Mailing

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 Zip County

29 Zip County

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.12(1) and 607.12(2), Florida Statutes, the above named corporation certifies 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 my appointment as registered agent. I am familiar with and accept the obligations of Sections 607.12(1) and 607.12(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETED
NAME	CLARKE, DARLENE	
STREET ADDRESS	824 MARKET ST., STE. 900	
CITY, STATE, ZIP	WILMINGTON DE 19801	
TITLE	EPCT	<input type="checkbox"/> DELETED
NAME	HALL, TIMOTHY P	
STREET ADDRESS	1900 GRANT BUILDING	
CITY, STATE, ZIP	PITTSBURGH PA 15219	
TITLE	VPS	<input type="checkbox"/> DELETED
NAME	BLAXTER, H. VAUGHAN III	
STREET ADDRESS	1900 GRANT BUILDING	
CITY, STATE, ZIP	PITTSBURGH PA 15219	
TITLE	ASAT	<input type="checkbox"/> DELETED
NAME	WAGNER, LAWRENCE M	
STREET ADDRESS	2000 GRANT BUILDING	
CITY, STATE, ZIP	PITTSBURGH PA 15219	
TITLE	AT	<input checked="" type="checkbox"/> DELETED
NAME	STRONG, MARY BLACK	
STREET ADDRESS	1900 GRANT BUILDING	
CITY, STATE, ZIP	PITTSBURGH PA 15219	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

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***200.00

SENIOR VICE PRESIDENT
MARINI, LARIO M. Change Addition
824 MARKET STREET, SUITE 900
WILMINGTON, DELAWARE 19801
ASST. SECY. & ASST. TREAS. Change Addition
BRACKEN, CHARLES H.
1900 GRANT BUILDING
PITTSBURGH, PENNSYLVANIA 15219

14. I do hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause this report to be considered false or misleading. I further certify that the information contained in this report is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause this report to be considered false or misleading. This report is prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on the other listed with an add block.

SIGNATURE:

Darlene Clarke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

DARLENE CLARKE 3/25/96 302-655-4294

CR2E034 (12/95)

92-96