

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # 801501 (8)

1. Corporation Name:

WESTINGHOUSE ELECTRIC CORPORATION



Principal Place of Business

Mailing Address

ATTN: LICENSE ADMINISTRATOR
TELE-COMPUTER CENTER-BOX 8839
PITTSBURGH PA 15221

ATTN: LICENSE ADMINISTRATOR
TELE-COMPUTER CENTER-BOX 8839
PITTSBURGH PA 15221

3. Date Incorporated or Qualified
07/16/1921

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
25-0877540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.0502 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 of the principal place of business and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FAUST, KR. E.	
STREET ADDRESS	BRINTON RD @ PARKWAY E	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BRISKMAN, L.J.	
STREET ADDRESS	BRINTON RD @ PARKWAY E	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, G.M.	
STREET ADDRESS	BRINTON RD PARKWAY E	
CITY- ST- ZIP	PITTSBURGH, PA 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCADAMS, C L (ASST)	
STREET ADDRESS	BRINTON RD @ PARKWAY E	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MICHEAL H JORDAN	
STREET ADDRESS	11 STANWIX ST	
CITY- ST- ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARY M CLARK	
STREET ADDRESS	11 STANWIX ST	
CITY- ST- ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP&SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STRAKA, A. C.	
1.3 STREET ADDRESS	11 STANWIX ST.	
1.4 CITY- ST- ZIP	PITTSBURGH, PA 15222	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REYNOLDS, F. G.	
2.3 STREET ADDRESS	11 STANWIX STREET	
2.4 CITY- ST- ZIP	PITTSBURGH, PA 15222	
3.1 TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORF, C. E.	
3.3 STREET ADDRESS	11 STANWIX STREET	
3.4 CITY- ST- ZIP	PITTSBURGH, PA 15222	
4.1 TITLE	ASST. CTRLLR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DUNN, D. E.	
4.3 STREET ADDRESS	BRINTON RD. @ PARKWAY E.	
4.4 CITY- ST- ZIP	PITTSBURGH, PA 15221	
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		

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 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. E. Dunn

2/8/96

412/244-2382

Date

Daytime Phone #

CR2E034 (12/95)