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

Mailing Address

6585 PENN AVE

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90082 003 \*\*\*150.00

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## DOCUMENT # 808290 1. Corporation Name

Principal Place of Business

6585 PENN AVE

**EICHLEAY CORPORATION** 

PITTSBURGH PA 15206		PITTSBURGH PA 15206			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 07/31/1950		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	]	
21 26					25-0458265 Not Applicable	•	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	1	
22 27					5. Certificate of Status Desired Fee Required	_	
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees	_]	
Zip	Country	Zip	Counti	y	8. This corporation owes the current year Intangible		
24	25	29	2		Personal Property Tax. Yes 140	_	
<del></del>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	_	
			8	1 Name		-	
CT CORPORATION SYSTEM			8	2 Stroot Addr	ess (P.O. Box Number is Not Acceptable)	-	
	S. PINE ISLAND ROAD		۱۵	Z GUEEL MUUT	659 (F. O. DOX MUITING) to MOT MOTOPHISME)		
PLAN	NTATION FL 33324		8	3			
			L	<u> </u>		_}	
ı			8	4 City	FL 85 Zip Code	1	
agent, 1 a	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligations.	z and 607.1508, Flonda Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid	, ine apo norized b a Statute	ve-named corp y the corporations.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	}	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Re	egistered Ac	ent signature require	d when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	)	
NAME	BORMAN, JOHN G		1.2 NAMI	<b>.</b>		};	
STREET ADDRESS	6585 PENN AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PITTS, PA 00000		1.4 CITY	ST-ZIP			
TITLE	D	☐ DELETE 2.1 T			☐ Change ☐ Addition	on	
NAME	EICHLEAY, G F		2.2 NAMI	<b>,</b>		1	
	6585 PENN AVE			ET ADDRESS			
STREET ADDRESS	1	-				)	
CITY-ST-ZIP	PITTS, PA 00000	PA 00000		-ST-ZIP	☐ Change ☐ Addition	on	
TITLE .	NELSON JR THEODORE W	La Diecie	3.1 TITLE 3.2 NAME			- {	
NAME			1	)		1	
STREET ADDRESS			1	ET ADDRESS		- {	
CITY-ST-ZIP	PITTS PA			'-ST-ZIP	☐ Change ☐ Addition	on	
TITLE	TD	· ·		- 1		-	
NAME	NUNEZ, JOHN R.		4, 2 NAM			}	
STREET ADDRESS	l .			ET ADORESS		- }	
CITY-ST-ZIP	PITTS PA	□ DELETE	4.4 CITY		☐ Change ☐ Additi	- I	
TITLE	}	L] DECEIE	5.1 TITLE 5.2 NAM	ì			
NAME							
STREET ADDRESS	Ì			ET ADDRESS		įΤ	
CITY-ST-ZIP			5.4 CITY		Channa T Alaski	<u></u>	
TITLE	1	[] DELETE	6.1 TITLE	1	☐ Change ☐ Additi	UII	
NAME	(		6.2 NAM	4	f	- (	
STREET ADDRESS	}		•	EET ADDRESS	•	-	
OTT OT BID	1		6.4 CITY	-ST-ZIP		ì	

14. I 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, with all other like empowered. 4.).99

SIGNATURE:

John G. Borran

412.363.8000