

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

|  |  |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # 824426  
1. Corporation Name  
GENERAL NUTRITION CORPORATION

Principal Place of Business Mailing Address  
ATTN TAX DEPT.  
300 SIXTH AVENUE  
PITTSBURGH, PA 15222

DO NOT WRITE IN THIS SPACE

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

|   |
|---|
| 3. Date Incorporated or Qualified<br>7/15/63  |
| 4. FEI Number<br>25-1124574   |
| 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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

|   |
|---|
| 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PRESIDENT <input type="checkbox"/> DELETE<br>LOUIS MANCINI<br>300 SIXTH AVENUE<br>PITTSBURGH, PA 15222           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VICE PRESIDENT <input type="checkbox"/> DELETE<br>EDWIN J. KOZLOWSKI<br>300 SIXTH AVENUE<br>PITTSBURGH, PA 15222 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SECRETARY <input type="checkbox"/> DELETE<br>JAMES M. SANDER<br>300 SIXTH AVENUE<br>PITTSBURGH, PA 15222         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TREASURER <input type="checkbox"/> DELETE<br>EDWIN J. KOZLOWSKI<br>300 SIXTH AVENUE<br>PITTSBURGH, PA 15222      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ASST SECRETARY <input type="checkbox"/> DELETE<br>RONALD M. MARMO<br>300 SIXTH AVENUE<br>PITTSBURGH, PA 15222    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ASST SECRETARY <input type="checkbox"/> DELETE<br>ROBERT V. DUNN<br>300 SIXTH AVENUE<br>PITTSBURGH, PA 15222     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: [Signature] (412) 288-4662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)