

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 016 ***150.00

DOCUMENT # 824426

1. Corporation Name

GENERAL NUTRITION CORPORATION

Principal Place of Business

921 PENN AVE. 300 Sixth Avenue
PITTSBURGH PA 15222

Mailing Address

921 PENN AVE. 300 Sixth Avenue
PITTSBURGH PA 15222 Attn: Tax Dept.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1970

4. FEI Number

25-1124574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 300 Sixth Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 300 Sixth Avenue
Suite, Apt. #, etc.

22 City & State
Pittsburgh PA

27 City & State
Pittsburgh PA

23 Zip Country
15222 USA

28 Zip Country
PA 15222 USA

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION 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 CD ☐ DELETE
NAME HORN, JERRY
STREET ADDRESS 921 PENN AVE
CITY-ST-ZIP PITTSBURGH PA

TITLE CEO ☐ DELETE
NAME WATTS, WILLIAM E
STREET ADDRESS 921 PENN AVE
CITY-ST-ZIP PITTSBURGH PA

TITLE P ☐ DELETE
NAME MANCINI, LOUIS
STREET ADDRESS 921 PENN AVE
CITY-ST-ZIP PITTSBURGH PA

TITLE PD ☐ DELETE
NAME SANDER, JAMES
STREET ADDRESS 921 PENN AVENUE
CITY-ST-ZIP PITTSBURGH PA

TITLE TV ☐ DELETE
NAME KOZLOWSKI, EDWIN J.
STREET ADDRESS 921 PENN AVENUE
CITY-ST-ZIP PITTSBURGH PA

TITLE AS ☐ DELETE
NAME MARMO, RONALD M
STREET ADDRESS 921 PENN AVENUE
CITY-ST-ZIP PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 300 Sixth Avenue
1.4 CITY-ST-ZIP Pittsburgh PA 15222

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 300 Sixth Avenue
2.4 CITY-ST-ZIP Pittsburgh PA 15222

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME William E Watts
3.3 STREET ADDRESS 300 Sixth Avenue
3.4 CITY-ST-ZIP Pittsburgh PA 15222

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 300 Sixth Avenue
4.4 CITY-ST-ZIP Pittsburgh PA 15222

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 300 Sixth Avenue
5.4 CITY-ST-ZIP Pittsburgh PA 15222

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 300 Sixth Avenue
6.4 CITY-ST-ZIP Pittsburgh PA 15222

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.023(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.

SIGNATURE: Ronald M. Marmo SIGNATURE REQUIRED: Ronald M. Marmo, Asst. Sec. 4-8-99 412-288-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)