

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-22-1999 90015 040 \*\*\*550.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **831894** ✓

1. Corporation Name  
**TRUMBULL CORPORATION**



Principal Place of Business: 1020 LEBANON ROAD, P.O. BOX 98100, PITTSBURGH PA 15227  
 Mailing Address: 1020 LEBANON ROAD, P.O. BOX 98100, PITTSBURGH PA 15227

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/26/1974</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>25-1021993</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGO, MICHAEL J.	1.2 NAME	HECHT, ROBERT G.
STREET ADDRESS	891 FREDERICKA DRIVE	1.3 STREET ADDRESS	2077 BLAIRMONT DRIVE
CITY-ST-ZIP	BETHEL PARK PA	1.4 CITY-ST-ZIP	PITTSBURGH PA 15241
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, STEPHEN M.	2.2 NAME	ROWE, CLIFFORD R.
STREET ADDRESS	1046 GRANDVIEW FARMS DR	2.3 STREET ADDRESS	125 FROEBE ROAD
CITY-ST-ZIP	BETHEL PARK PA	2.4 CITY-ST-ZIP	VENETIA PA 15367
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, ROBERT	3.2 NAME	ROWE, DIANE D.
STREET ADDRESS	1743 HASTINGS MILL RD	3.3 STREET ADDRESS	125 FROEBE ROAD
CITY-ST-ZIP	PITTS PA	3.4 CITY-ST-ZIP	VENETIA PA 15367
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, LOUISE H.	4.2 NAME	HECHT, JANE D.
STREET ADDRESS	123 VILLAGE CT	4.3 STREET ADDRESS	2077 BLAIRMONT DRIVE
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	PITTSBURGH PA 15241
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	ASST S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, DIANE D.	5.2 NAME	DOMINIC R. COCCAGNA
STREET ADDRESS	2119 BLAIRMONT DR.	5.3 STREET ADDRESS	1350 STOLZ ROAD
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	BETHEL PARK PA 15102
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, JANE S	6.2 NAME	
STREET ADDRESS	1743 HASTINGS MILL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	

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: *Trumbull Corporation* REQUIRED JULY 14, 1999 (412) 462-9300

CR2E034 (5/99)