

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 21, 1999 8:00 am  
Secretary of State

04-21-1999 90182 001 \*\*\*150.00

DOCUMENT # 832075

1. Corporation Name

NATIONAL DEVELOPMENT CORPORATION OF FLORIDA

WESTCO

Principal Place of Business

4415 5TH AVE.  
PITTSBURGH PA 15213

Mailing Address

4415 5TH AVE.  
PITTSBURGH PA 15213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1974

4. FEI Number

25-1203385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD #100  
JACKSONVILLE FL 32216

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 D ☐ DELETE  
NAME BASKIN, SEYMOUR  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-ST-ZIP PITTSBURGH PA

TITLE AVP ☐ DELETE  
NAME MASON, MARTIN  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-ST-ZIP PITTSBURGH PA 15213

TITLE VP ☐ DELETE  
NAME KREUTZER, KAREN  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-ST-ZIP PITTSBURGH PA 15213

TITLE AS ☐ DELETE  
NAME ROSSI, JAN  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-ST-ZIP PITTSBURGH PA 15213

TITLE ST ☐ DELETE  
NAME CONNOR, DIANE G.  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-ST-ZIP PITTSBURGH PA 15213

TITLE ASV ☐ DELETE  
NAME CONNOR, DIANE  
STREET ADDRESS 4415 5TH AVE  
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  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Martin Mason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

412 578-7800

Daytime Phone #

CR2E034 (11/98)