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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835915 (0)

1. Corporation Name
PROVCOR PROPERTIES, INC.

Principal Place of Business

P O BOX 7648
P.O. BOX 7648
PHILADELPHIA PA 19101-4648
US

Mailing Address

ONE PNC PLAZA
CORP TAX DEPT
PITTSBURG PA 15222-2707
US



3. Date Incorporated or Qualified 03/10/1976
3a. Date of Last Report 05/01/1996

4. FEI Number 23-1984818
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 S ☐ DELETE
NAME COGHLAN, SHARON G
STREET ADDRESS BROAD & CHESTNUT STREETS
CITY-ST-ZIP PHILADELPHIA PA
TITLE PD ☐ DELETE
NAME FRIEL, WILLIAM J
STREET ADDRESS BROAD & CHESTNUT STREETS
CITY-ST-ZIP PHILADELPHIA PA
TITLE V ☐ DELETE
NAME FIORAVANTI, JOHN S
STREET ADDRESS BROAD & CHESTNUT STREETS
CITY-ST-ZIP PHILADELPHIA PA
TITLE V ☐ DELETE
NAME MOORE, THOMAS R
STREET ADDRESS 5TH AVE & WOOD ST
CITY-ST-ZIP PITTSBURGH PA
TITLE V ☐ DELETE
NAME MCCLENNAN, WALTER B.
STREET ADDRESS BROAD & CHESTNUT STREETS
CITY-ST-ZIP PHILADELPHIA PA
TITLE D ☐ DELETE
NAME SWANSON, STEPHEN L
STREET ADDRESS BROAD & CHESTNUT STREETS
CITY-ST-ZIP PHILADELPHIA 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 do hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas R. Moore

4/23/97 (412) 762-1901
Date Daytime Phone #

0007274

CR2E034 (9/96)