FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841897** **(2)**

1. Corporation Name

MORTGAGE SERVICE CORPORATION OF PITTSBURGH

Principal Place of Business	Mailing Address
4140 EAST STATE ST. P.O. BOX 1406 HERMITAGE PA 16148 US	4140 EAST STATE ST. P.O. BOX 1406 HERMITAGE PA 16148 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/27/1978**
3a. Date of Last Report: **07/14/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **25-0904522** ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MORTENSEN, PETER	1.2 NAME	
STREET ADDRESS	4140 EAST STATE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE PA	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	GURGOVITS, STEPHEN J.	2.2 NAME	
STREET ADDRESS	4140 EAST STATE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE PA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MIHAL, CHARLES A.	3.2 NAME	
STREET ADDRESS	4140 EAST STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE PA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	FAUCEGLIA, THEODORE A.	4.2 NAME	
STREET ADDRESS	4140 EAST STATE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MICKLEY, PAMELA J.	5.2 NAME	
STREET ADDRESS	4140 EAST STATE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE PA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	IORFIDO, GARY A	6.2 NAME	
STREET ADDRESS	4140 EAST STATE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/25/95 412-983-3463
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
CHARLES A. MIHAL

0449060 FN