FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name

MORTGAGE SERVICE CORPORATION OF PITTSBURGH

Principal Place of Business

4140 EAST STATE ST.
P.O. BOX 1406
HERMITAGE PA 16148
US

Mailing Address

4140 EAST STATE ST.
P.O. BOX 1406
HERMITAGE PA 16148
US

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

3. Date Incorporated or Qualified: 11/27/1978
3a. Date of Last Report: 05/01/1995
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 ____ 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	MORTENSEN, PETER	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	DP	☐ DELETE
NAME	GURGOVITS, STEPHEN J.	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	T	☐ DELETE
NAME	MIHAL, CHARLES A.	
STREET ADDRESS	4140 EAST STATE STREET	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	V	☒ DELETE
NAME	FAUCEGLIA, THEODORE A.	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	V	☒ DELETE
NAME	MICKLEY, PAMELA J.	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	S	☒ DELETE
NAME	IORFIDO, GARY A	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE 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	V	☐ Change ☒ Addition
4.2 NAME	STOLAR, JOHN J., JR.	
4.3 STREET ADDRESS	4140 EAST STATE ST.	
4.4 CITY-ST-ZIP	HERMITAGE PA 16148	
5.1 TITLE	S	☐ Change ☒ Addition
5.2 NAME	MODER, WILLIAM J., III	
5.3 STREET ADDRESS	4140 EAST STATE ST.	
5.4 CITY-ST-ZIP	HERMITAGE PA 16148	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Charles A. Mihal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 Date

412-983-3463 Daytime Phone #