

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/27/1978	
4. FEI Number 25-0904522		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 FIRST NATIONAL BANK OF NAPLES				82 Street Address (P.O. Box Number is Not Acceptable) 900 GOODLETTE ROAD, N.	
83				84 City NAPLES	
85 Zip Code FL 33940					

11. Pursuant to the provisions of Sections 607.0509 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 *Walter E. Wald* 4-29-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORTENSEN, PETER			1.2 NAME	GALE WURSTER		
STREET ADDRESS	4140 EAST STATE ST.			1.3 STREET ADDRESS	ONE F.N.B. BOULEVARD		
CITY-ST-ZIP	HERMITAGE PA			1.4 CITY-ST-ZIP	HERMITAGE, PA 16148		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GURGOVITS, STEPHEN J.			2.2 NAME	C.C. COGHILL		
STREET ADDRESS	4140 EAST STATE ST.			2.3 STREET ADDRESS	900 GOODLETTE ROAD, N.		
CITY-ST-ZIP	HERMITAGE PA			2.4 CITY-ST-ZIP	NAPLES, FL 33940-3042		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNAPP, JOANNE C			3.2 NAME	H. PAT MULLOY		
STREET ADDRESS	4140 EAST STATE STREET			3.3 STREET ADDRESS	900 GOODLETTE ROAD, N.		
CITY-ST-ZIP	HERMITAGE PA			3.4 CITY-ST-ZIP	NAPLES, FL 33940-3043		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STOLAR, JOHN J. JR.			4.2 NAME	JAMES ORIE		
STREET ADDRESS	4140 EAST STATE ST.			4.3 STREET ADDRESS	ONE F.N.B. BOULEVARD		
CITY-ST-ZIP	HERMITAGE PA			4.4 CITY-ST-ZIP	HERMITAGE, PA 16148		
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MODER, WILLIAM J. III			5.2 NAME			
STREET ADDRESS	4140 EAST STATE ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	HERMITAGE PA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Walter E. Wald* 4-28-98 724-983-3452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0828774

CR2E034 (10/97)