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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



MORTGAGE SERVICE CORPORATION OF PITTSBURGH

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90211 026 ***150.00

Principal Place of Business		Mailing Address				1 100101	15 6.66			, 51511 41611 1041
4140 EAST STATE ST.		4140 EAST STATE ST.								
P.O. BOX 1406		P.O. BOX 1406					DO NOT WE	RITE IN THIS	SPACE	
HERMITAGE PA	16148	HERMITAGE PA 16148			ŀ	3. Date Incorporated or Qualifed				
U\$		US			ļ			J		
2 Deigniani D	lace of Business	2a. Mailing Address				11/27/19 4. FEI Number				Applied For
	lace of Business]	25-0904			<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					022			Additional
22		27			Ì	5. Certifcate	of Status Desired			Required
City & State		City & State				6. Election Ca	ampaign Financing		\$5.0	0 May Be
23	•	28					Contribution			to Fees
Zip	Country	Zip Country			İ	8. This corporation owes the current year Intangible				
24	25	29	0			•	roperty Tax.		☐ Yes	□No
	9. Name and Address of Current		-			10. Name and	Address of New	Registered /	Agent	
			81	Name						
FIRST NATIONAL BANK OF NAPLES			82	Ctroot	Addros	o (D.O. Boy Nu	mber is Not Accep	table)	_	
900 (GOODLETTE RD N		62	Sireel	Addies	S (P.O. BOX NU	mber is Not Accep	itable)		
napi	LES FL 33940		83							
									Taul 1997	
			84	City				FL	85 Zi	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				e-named	corpora	ation submits th	is statement for th	e purpose of	changing	ts 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									registered	
agent. I a	m tamiliar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	-						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agen	t signature i	required w	hen reinstating)		DATE		
12. OFFICERS AND DIRECTORS			13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						TORS IN 12
TITLE	CD	X DELETE	1.1 TITLE	•	CD				Chang	e 📉 Addition
NAME	MORTENSEN, PETER		12 NAME		BENI	NETT, AL	AN F.			
STREET ADDRESS	4140 EAST STATE ST.		13 STREET	ADDRESS	1	D EAST S				
CITY-ST-ZIP	HERMITAGE PA		1.4 CITY-S		1	MITAGE PA				
TITLE	DP DP	☐ DELETE	2.1 TITLE						Chang	e
NAME	GURGOVITS, STEPHEN J.		2.2 NAME		Ì					
STREET ADDRESS	4140 EAST STATE ST.		2.3 STREET	ADDRESS						
CITY-ST-ZIP	HERMITAGE PA		2. 4 CITY-ST-ZIP		1					,
TITLE	T	☐ DELETE	3.1 TITLE		† · · · ·				Chang	e 🔲 Addition
NAME	KNAPP, JOANNE C		3.2 NAME							
STREET ADDRESS	4140 EAST STATE STREET		3.3 STREET	ANDRESS						
	HERMITAGE PA		3.4. CITY-S							
CITY-ST-ZIP TITLE	V	□ DELETE	4.1 TITLE	,- <u>a</u> ı					Chang	e Addition
NAME	STOLAR, JOHN J. JR.		4. 2 NAME							
ì	4140 EAST STATE ST.		4.3 STREET ADDRES							
STREET ADDRESS			4.4 CITY-ST-ZIP							
CITY-ST-ZIP	HERMITAGE PA	☐ DELETE	5.1 TITLE	1-211	 				X) Chang	e Addition
TITLE	WILDOTED CALE		5.3 NAME]				, · · · · ·	_
NAME.	Wurster, Gale One F.N.B of Naples				ONF	F.N.R	BOULEVARD			
STREET ADDRESS			5.4 CITY-S		OME	T . 17 . D .	DOUBLAND			
CITY-ST-ZIP	HERMITAGE PA 16148	☐ DELETE	6.1 TITLE		 		_		K] Chang	e
TITLE	V COCUMU CC	_ 000010	62 NAME							
NAMÉ	COGHILL, CC		•	ADDRESS	ONE	FNR	BOULEVARD			
STREET ADDRESS	900 GOODETTE RD N		0.0 STREET	. DUNEOU	1044	T . III . D .	POOPINATION			1

HERMITAGE PA 16148 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.

6.4 CITY-ST-ZIP

SIGNATURE: V

OFFICER OR DIRECTOR