

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841897

1. Entity Name

MORTGAGE SERVICE CORPORATION OF PITTSBURGH

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90214 046 ***150.00

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 16148-0406
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-0904522

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST NATIONAL BANK OF NAPLES
900 GOODLETTE RD N
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME BENNETT, ALAN F
STREET ADDRESS 3320 EAST STATE ST.
CITY-ST-ZIP HERMITAGE PA 16148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME GURGOVITS, STEPHEN J.
STREET ADDRESS 4140 EAST STATE ST.
CITY-ST-ZIP HERMITAGE PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KNAPP, JOANNE C
STREET ADDRESS 4140 EAST STATE STREET
CITY-ST-ZIP HERMITAGE PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME STOLAR, JOHN J. JR.
STREET ADDRESS 4140 EAST STATE ST.
CITY-ST-ZIP HERMITAGE PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WURSTER, GALE
STREET ADDRESS ONE F.N.B. BLVD.
CITY-ST-ZIP HERMITAGE PA 16148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COGHILL, CC
STREET ADDRESS ONE F.N.B. BLVD.
CITY-ST-ZIP HERMITAGE PA 16148

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne C. Knapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(724) 983-3458

Daytime Phone #

CR2E034 (9/99)