

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841897

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 25-0904522

Applied For

Not Applicable

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
FIRST NATIONAL BANK OF FLORIDA
Street Address (P.O. Box Number is Not Acceptable)
2150 GOODLETTE ROAD, N.
City
NAPLES FL Zip Code
34102

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 *Robert G. Benkert*

4/25/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	BENNETT, ALAN F	
STREET ADDRESS	3320 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA 16148	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GURGOVITS, STEPHEN J.	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNAPP, JOANNE C	
STREET ADDRESS	4140 EAST STATE STREET	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	STOLAR, JOHN J. JR.	
STREET ADDRESS	4140 EAST STATE ST.	
CITY-ST-ZIP	HERMITAGE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	WURSTER, GALE	
STREET ADDRESS	ONE F.N.B. BLVD.	
CITY-ST-ZIP	HERMITAGE PA 16148	
TITLE	V	<input type="checkbox"/> Delete
NAME	COGHILL, CC	
STREET ADDRESS	ONE F.N.B. BLVD.	
CITY-ST-ZIP	HERMITAGE PA 16148	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

724-983-4860

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90036 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)