

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:25

DOCUMENT # 842813 (8)

1. Corporation Name

ASSOCIATED COMMUNICATIONS CORPORATION

Principal Place of Business

200 GATE WAY TOWERS
PITTSBURGH PA 15222

Mailing Address

200 GATE WAY TOWERS
PITTSBURGH PA 15222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1979

3a. Date of Last Report

11/10/1994

4. FEI Number

25-1334463

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

2. Principal Place of Business

21 17330 Preston Rd.

2a. Mailing Address

26 17330 Preston Rd.

Suite, Apt. #, etc

22 Suite 100A

Suite, Apt. #, etc

27 Suite 100A

City & State

23 Dallas, TX

City & State

28 Dallas, TX

24 75252

County

29 75252

County

30

9. Name and Address of Current Registered Agent

BERKMAN, MONROE E.
4137 SALWATER BLVD
TAMPA FL

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

I, 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 the Florida state

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BERKMAN, JACK N.
STREET ADDRESS	200 GATEWAY TOWERS
CITY, ST, ZIP	PITTSBURGH PA
TITLE	PTD
NAME	BERKMAN, MYLES P.
STREET ADDRESS	200 GATEWAY TOWERS
CITY, ST, ZIP	PITTSBURGH PA
TITLE	D
NAME	JONES, DONALD H.
STREET ADDRESS	200 GATEWAY TOWERS
CITY, ST, ZIP	PITTSBURGH PA
TITLE	AS
NAME	HARTMAN, KEITH C.
STREET ADDRESS	200 GATEWAY TOWERS
CITY, ST, ZIP	PITTSBURGH PA
TITLE	D
NAME	KATARINCIC, JOSEPH A.
STREET ADDRESS	ONE OXFORD CTR, 32ND FL
CITY, ST, ZIP	PITTSBURGH PA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☒ Change ☐ Addition
1.2 NAME	Stupka, John T.	
1.3 STREET ADDRESS	17330 Preston Rd, Suite 100A	
1.4 CITY, ST, ZIP	Dallas, TX 75252	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	Kaiser, Robert	
2.3 STREET ADDRESS	17330 Preston Rd, Suite 100A	
2.4 CITY, ST, ZIP	Dallas, TX 75252	
3.1 TITLE	V/D	☒ Change ☐ Addition
3.2 NAME	Shaner, Robert	
3.3 STREET ADDRESS	17330 Preston Rd, Suite 100A	
3.4 CITY, ST, ZIP	Dallas, TX 75252	
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	Parker, Pat	
4.3 STREET ADDRESS	17330 Preston Rd, Suite 100A	
4.4 CITY, ST, ZIP	Dallas, TX 75252	
5.1 TITLE	V	☒ Change ☐ Addition
5.2 NAME	Sigman, Stan	
5.3 STREET ADDRESS	17330 Preston Rd, Suite 100A	
5.4 CITY, ST, ZIP	Dallas, TX 75252	
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	McCullough, William	
6.3 STREET ADDRESS	P.O. Box 2433 175 E. Houston	
6.4 CITY, ST, ZIP	San Antonio, TX 78244 78205	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under the provisions of the Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation. The receiver or trustee empowered to execute the report is the Secretary of the Corporation, Florida Statutes, and that my name appears in Block 13 of change or addition attachment with an address.

SIGNATURE:

Robert Kaiser

Robert Kaiser

4/27/95

214/733-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR