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FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 845370

(6)

1. Corporation Name

MATRIX INCORPORATED

Principal Place of Business

200 HIGHTOWER BLDG., SUITE 402
PITTSBURGH PA 15205

Mailing Address

200 HIGHTOWER BLDG., SUITE 402
PITTSBURGH PA 15205



3. Date Incorporated or Qualified

02/28/1980

3a. Date of Last Report

01/30/1996

4. FEI Number

25-1199025

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

11. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME MALAXOS, WILLIAM
STREET ADDRESS 750 MANDALAY AVE
CITY-ST-ZIP CLEARWATER BCH FL

DELETE

TITLE SD
NAME CRAIG, E A III
STREET ADDRESS 1500 OLIVER BLDG
CITY-ST-ZIP PITTSBURGH PA

DELETE

TITLE VD
NAME ANTOLIC, FRANK
STREET ADDRESS 200 HIGHTOWER BLDG., STE. 402
CITY-ST-ZIP PITTSBURGH PA

DELETE

TITLE D
NAME MALAXOS, ALICE
STREET ADDRESS 750 MANDALAY AVE
CITY-ST-ZIP CLEARWATER BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Treasurer/D
1.2 NAME Malaxos, Alice
1.3 STREET ADDRESS 736 Island Way, #704
1.4 CITY-ST-ZIP Clearwater, FL 34630

Change Addition

2.1 TITLE Vice-President/D
2.2 NAME Antolic, Frank
2.3 STREET ADDRESS 200 Hightower Bldg., Suite 402
2.4 CITY-ST-ZIP Pittsburgh, PA 15205

Change Addition

3.1 TITLE Secretary/D
3.2 NAME Malaxos, William
3.3 STREET ADDRESS 736 Island Way, #704
3.4 CITY-ST-ZIP Clearwater, FL 34630

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

(412)788-6400

Date

Daytime Phone #

CR2E034 (9/96)