

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 854840 (6)

1. Corporation Name

P. J. DICK INCORPORATED



Principal Place of Business

1020 LEBANON ROAD
WEST MIFFLIN PA 15122

Mailing Address

1020 LEBANON ROAD
WEST MIFFLIN PA 15122

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
12/02/1982

3a. Date of Last Report
04/11/1995

4. FEI Number
25-1357716

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 CD ☐ DELETE
NAME DICK, LOUISE H.
STREET ADDRESS 123 VILLAGE CT
CITY-ST-ZIP PITTSBURGH PA

TITLE STD ☐ DELETE
NAME CKARK, STEPHEN M.
STREET ADDRESS 1046 GRANDVIEW FARMS DR
CITY-ST-ZIP PITTSBURGH PA

TITLE V ☐ DELETE
NAME HECHT, ROBERT G
STREET ADDRESS 1743 HASTINGS MILL RD
CITY-ST-ZIP PITTSBURGH PA

TITLE D ☐ DELETE
NAME HECHT, JANE D.
STREET ADDRESS 1243 HASTINGSMILLE RD
CITY-ST-ZIP PITTSBURGH PA

TITLE D ☐ DELETE
NAME ROWE, DIANE B.
STREET ADDRESS 2119 BLAIRMONT
CITY-ST-ZIP PITTSBURGH PA

TITLE P ☐ DELETE
NAME ROWE, CLIFFORD R.
STREET ADDRESS 2119 BLAIRMONT
CITY-ST-ZIP PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001814403

-05/09/96--01021--032

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

5/2/96

(412) 462-9300

CR2E034 (12/95)