## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 856727

(3)

## HELLO CORPORATION OF PENNSYLVANIA

**FILED** Apr 08 1997 8:00am Secretary of State

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Principal Pro	ace of Business	Mailing Address				-	igii 61011 11041 010		
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422 MAIN ST SUITE 203	REEI	422 MAIN STREET Suite 203							
JOHNSTOWN	PA 15901	JOHNSTOWN PA 15801	-1824						
US		U\$				3. Date Incorporated or Qualified	3a. Date of		port
				_		06/10/1983	05/01/1	996	
	Place of Business	2a. Mailing Address				4. FEI Number	ļ	<del></del>	plied For
21	Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.		25-1101543		Not Applicable  \$8.75 Additional	
<b>.</b>						5. Certificate of Status Desired		Additional equired	
City & St	ski	City & State				6 Floring Countries Floring			·
23		28				Election Campaign Financing     Trust Fund Contribution		dded t	May Be
Zip	Country	Zip	Co	untry		8. This corporation has liability for in			
4	25	29	30	-			Yes X No	100, 0.	100.002,
	9. Name and Address of Curr					10. Name and Address of New Reg	istered Ageni	!	
CT	CORPORATION SYSTEM			81	Name				
	00 S. PINE ISLAND ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
	ANTATION FL 33324			-	Oli Ook / lagi	out (i.e. bek telking) is the thoughteen	~,		
_				83					
				84	City		85	Zip C	'ode
				1 1	•			·	
SIGNATURE	Signaturo Typied or printed name of registered a	agent and title if applicable. (I	NOTE Register	eo Ape		oration submits this statement for the pu ion's board of directors. I hereby accep ad when reinstating)	DATE		
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICE			~
TITLE	COB	☐ DELETE		TITLE			ш	hange	Addition
NAME	NICHOLS, WOLFE R	<b>NO</b>		NAME					
STREET ADDRESS	s   422 MAIN STREET, SUITE 20 JOHNSTOWN PA	JS .	1		ADDRESS				
City-\$1-Zif*	VP	DELETE		CITY - S' TITLE	1 - ZIP		По	hange	Additio
NAME	NICHOLS, SELMA	DECENT.	•	NAME	- 1		۰ ب	, uniqu	rodino
STREET ADDRESS	AND HALLING APPETET ALUTE AN	19			ADDRESS				
OTREET MOUNES. CITY - ST - ZIP	JOHNSTOWN PA			CITY-S					
TILE	PS	☐ DELETE		TITLE	) · Lit				
NAME	RITTER, ROBERT S		<b>■</b> 3 I	HILL				hange	Additio
		[ ] britis		NAME				hange	Additio
STREET ADDRESS	s   422 main street, suite 20		321	NAME	ADDRESS			hange	☐ Additio
STREET ADDRESS CITY-S1: ZIP	422 MAIN STREET, SUITE 20 JOHNSTOWN PA		321 335	NAME				hange	☐ Additio.
CHY-S1-ZIP			321 333 34	name Street					
-		03	321 333 34 4.1	NAME STREET CITY-S					
CHY-S!-ZIP TITLE NAME	JOHNSTOWN PA	03	321 333 3.4 4.1 4.2	NAME STREET CITY-S TITLE NAME					
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I do nereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Therefore derify 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 arn 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.

Daytime Phone #