

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
 1998



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**B9700000698**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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MK 1/2/98

1. Name of Limited Partnership <i>Proteus Zamias L.P.</i>		1a. DOCUMENT #		3. Date Formed or Registered <i>11/4/97</i>		5a. Capital Contributions as Shown on Record <i>\$1.00</i> <del>99.00</del>	
Mailing Address <i>300 market st Johnstown PA 15901</i>		Principal Office Address <i>SAMC</i>		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date <i>1.00</i>	
2. Mailing Address <i>300 market st</i>		2a. Principal Office Address <i>SAMC</i>		4. State or Country of Formation <i>Delaware</i>		6. FEI Number <i>23-2935161</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	
City & State <i>Johnstown PA</i>		City & State		8. <input type="checkbox"/> Apply For <input type="checkbox"/> Not Applicable			
Zip <i>15901</i>		Country <i>Cambria</i>					

9. Name and Address of Current Registered Agent <i>Corporation Service Company 1201 Hays St. Tallahassee FL 32301</i>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Deborah D. Skipper, as agent* DATE *1-2-98*

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <i>DAMIAN G ZAMIAS</i>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <i>300 market st</i>	11b. City, State & Zip Code <i>Johnstown PA</i>	11c. Registration Document Number <i>B9700000698</i>
			<b>800002393328- - 8</b> <b>-01/07/98--01105--023</b> <b>****156.25 ****156.25</b>

CPTFORM (5/97)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee, unempowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Stephen G. Zamias* Partner DATE *12/30/97*  
 Typed or Printed Name of General Partner Signing Form *Stephen G. Zamias* Daytime Telephone Number *814/535-3563*