2007 FOR PROFIT CORPORA	Jan 19, 2007 8:00 am	
ANNUAL REPORT	Secretary of State	
OCUMENT # F0000004289 Entity Name P LAND COMPANY		01-19-2007 90021 010 ***150.00

D LF Principal Place of Business Mailing Address 50000517 824 MARKET STREET, STE 900 824 MARKET STREET, STE 900 WILMINGTON, DE 19801 WILMINGTON, DE 19801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01152007 Chg-P Applied For City & State City & State 4. FEI Number 51-0400997 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DIP **Addition** Delete TITLE ☐ Change TITLE Bartley J. Ruhuba NAME BLAXTER III, H. VAUGHAN MAME 330 Grant St., Ste 1900 STREET ADDRESS 320 GRANT ST. STE 1900 STREET ADDRESS CITY - ST - ZIP PITTSBURGH, PA CITY-ST-ZIP Pittsburgh, PA 15219 ★ Addition D ☐ Defete TITLE Change TITLE David Leffurd CUSIK-RILEY, CAROL J NAME NAME P.O. BOX 230 330 GRANT ST. STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP Point Clans, AL <u> 36</u>564 ☐ Delete TITLE Change Addition TITLE Juseph G. Petak NAME AYRES, RUSSELL WIII NAME 330 Grimt St., Stc 1900 330 GRANT ST. STE 1900? STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH, PA 15219 <u> Pittsburgh, PA 15219</u> ☐ Change Addition ☐ Delete TITLE TITLE POLJAK, MARK M NAME NAME 330 GRANT ST. STE 1900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH, PA 15219 EVP Delete TITLE Change ☐ Addition TOTLE HEAD, DAVID E JR NAME NAME 18300 SCENIC HWY 98, SUITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POINT CLEAR, AL 36564 CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE KOLANO, EDWARD F NAME NAME STREET ADDRESS 330 GRANT ST. SUITE 1900 STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

	IG۱		<b>T</b> II		_
-	II - F	чΔ	111	ĸ	┍.

Ra Saul SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR