

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90247 001 ***750.00

DOCUMENT # F00000006699

1. Entity Name
IHC PROPERTY CORPORATION



Principal Place of Business
**FOSTER PLAZA TEN
680 ANDERSEN DRIVE
PITTSBURGH PA 15220**

Mailing Address
**FOSTER PLAZA TEN
680 ANDERSEN DRIVE
PITTSBURGH PA 15220**

2. Principal Place of Business

1010 Wisconsin Ave
Suite, Apt. #, etc.

3. Mailing Address

1010 Wisconsin
Suite, Apt. #, etc.

City & State

Washington, DC

City & State

Washington, DC

Zip

20007

Country

Zip

20007

Country

4. FEI Number **25-1849633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEWITT, THOMAS F	
STREET ADDRESS	680 ANDERSEN DRIVE, FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, J. WILLIAM	
STREET ADDRESS	680 ANDERSEN DRIVE, FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KILKEARY, KEVIN P	
STREET ADDRESS	680 ANDERSEN DRIVE, FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HUDAK, TIMOTHY Q	
STREET ADDRESS	680 ANDERSEN DRIVE, FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MAHLSTEDT, PATRICIA S	
STREET ADDRESS	680 ANDERSEN DRIVE, FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	MACIOCE, MAURO L	
STREET ADDRESS	680 ANDERSEN DRIVE, FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sohn Emery	
STREET ADDRESS	1010 Wisconsin Ave N.W.	
CITY-ST-ZIP	Washington, DC 20007	
TITLE	Sr. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher L. Bennett	
STREET ADDRESS	1010 Wisconsin Ave	
CITY-ST-ZIP	Washington, D.C. 20007	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

Daytime Phone #

CR2E034 (10/02)