

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

FILED

**Apr 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000471 (4)
1. Corporation Name
Flenniken Corporation

Principal Place of Business c/o Dollar Bank Three Gateway Center Nine South Pittsburgh, PA 15222	Mailing Address c/o Dollar Bank Three Gateway Center Nine South Pittsburgh, PA 15222
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/01/92	4. FEI Number 25-1695734	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
C T Corporation System 1200 South 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley, John	1.2 NAME	
STREET ADDRESS	3 Gateway Center, 10 East	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA 15222	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dornetto, Mary Anne	2.2 NAME	
STREET ADDRESS	127 Briarwood Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Mars, PA 16046	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brooks, Bert	3.2 NAME	
STREET ADDRESS	108 Dinwiddie Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	New Kensington, PA 15068	3.4 CITY-ST-ZIP	
TITLE	I <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kobus, Thomas A.	4.2 NAME	
STREET ADDRESS	5 Fieldvue Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA 15215	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dimsho, Victor	5.2 NAME	
STREET ADDRESS	46 Stancey Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA 15220	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jurcic, James T.	6.2 NAME	
STREET ADDRESS	217 Mesa Circle	6.3 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh, PA 15241	6.4 CITY-ST-ZIP	

14. 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 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 James T. Jurcic **James T. Jurcic** Date 4/15/98 Daytime Phone # (412) 261-8928

CR2E034 (10/97)