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Secretary of State

03-04-1999 90015 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F92000000876**
 1. Corporation Name
MOTOR COILS MANUFACTURING COMPANY



Principal Place of Business: **1200 REEDSDALE ST PITTSBURGH PA 15233 US**
 Mailing Address: **1200 REEDSDALE ST P.O. BOX 73 PITTSBURGH PA 15233 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1992**

4. FEI Number: **25-1198246** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: **21 Two Gateway Center Suite, Apt. #, etc. 14th Floor City & State: Pittsburgh, PA Zip: 15222 Country: USA**

2a. Mailing Address: **26 SAME Suite, Apt. #, etc. City & State: Pittsburgh, PA Zip: 15222 Country: USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: YOUNG, L. J.	
STREET ADDRESS: 1200 REEDSDALE ST	
CITY-ST-ZIP: PITTSBURGH PA	
TITLE: T	<input type="checkbox"/> DELETE
NAME: LOYNS, T. P.	
STREET ADDRESS: 1200 REEDSDALE ST	
CITY-ST-ZIP: PITTSBURGH PA	
TITLE: VPC	<input checked="" type="checkbox"/> DELETE
NAME: KENNETH R EVANS	
STREET ADDRESS: 1200 REEDSDALE ST	
CITY-ST-ZIP: PITTSBURGH PA 15233	
TITLE: S	<input type="checkbox"/> DELETE
NAME: GARBER-FISHER, J	
STREET ADDRESS: 1200 REEDSDALE ST	
CITY-ST-ZIP: PITTSBURGH PA	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: GRAB, W.E.	
STREET ADDRESS: 1200 REEDSDALE ST	
CITY-ST-ZIP: PITTSBURGH PA 15233	
TITLE: D	<input type="checkbox"/> DELETE
NAME: WOLF, M. A.	
STREET ADDRESS: 1200 REEDSDALE ST	
CITY-ST-ZIP: PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: BOB HURKA	
1.3 STREET ADDRESS: Two Gateway Center 14th Floor	
1.4 CITY-ST-ZIP: Pittsburgh, PA 15222	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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, with all other like empowered.

SIGNATURE: **Bob Hurka** **SECRETED** **2-8-99** **(412) 201-2820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000781

CR2E034 (11/98)