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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000479 (6)

1. Corporation Name

PAUL C. RIZZO ASSOCIATES, INC.



Principal Place of Business

Mailing Address

300 OXFORD DRIVE
MONROEVILLE PA 15146

300 OXFORD DRIVE
MONROEVILLE PA 15146-2343

2. Principal Place of Business
21 105 MALL BOULEVARD

2a. Mailing Address
26 105 MALL BOULEVARD

Suite, Apt. #, etc.
22 EXPO MART, SUITE 270E

Suite, Apt. #, etc.
27 EXPO MART, SUITE 270E

City & State
23 MONROEVILLE, PA

City & State
28 MONROEVILLE, PA

Zip Country
24 15146 25

Zip Country
29 15146 30

3. Date Incorporated or Qualified
01/20/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
25-1463856

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RIZZO, PAUL C
STREET ADDRESS 300 OXFORD DRIVE
CITY-ST-ZIP MONROEVILLE PA 15146 ☐ DELETE

TITLE DV
NAME LANGE, DEBORAH A.
STREET ADDRESS 300 OXFORD DRIVE
CITY-ST-ZIP MONROEVILLE PA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 105 MALL BLVD, EXPO MART, SUITE 270E
1.4 CITY-ST-ZIP MONROEVILLE, PA 15146

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 105 MALL BLVD, EXPO MART, SUITE 270E
2.4 CITY-ST-ZIP MONROEVILLE, PA 15146

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D/V
3.3 STREET ADDRESS BENNETT, ROBERT R
3.4 CITY-ST-ZIP 105 MALL BLVD, EXPO MART, SUITE 270E
MONROEVILLE, PA 15146

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S/T
4.3 STREET ADDRESS RIZZO, CARL M
4.4 CITY-ST-ZIP 105 MALL BLVD, EXPO MART, SUITE 270E
MONROEVILLE, PA 15146

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 ROBERT R. BENNETT 4/25/97 (412)856-0700

CR2E034 (9/96)