

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

**FILED**  
**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: **300 OXFORD DRIVE MONROEVILLE PA 15146**  
 Mailing Address: **300 OXFORD DRIVE MONROEVILLE PA 15146-2343**

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

2. Principal Place of Business: **21 105 MALL BOULEVARD**  
 Suite, Apt. #, etc.: **22 EXPO MART, SUITE 270E**  
 City & State: **23 MONROEVILLE, PA**  
 Zip: **24 15146** Country: **25**  
 2a. Mailing Address: **26 105 MALL BOULEVARD**  
 Suite, Apt. #, etc.: **27 EXPO MART, SUITE 270E**  
 City & State: **28 MONROEVILLE, PA**  
 Zip: **29 15146** Country: **30**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZO, PAUL C	1.2 NAME	
STREET ADDRESS	300 OXFORD DRIVE	1.3 STREET ADDRESS	105 MALL BLVD, EXPO MART, SUITE 270E
CITY-ST-ZIP	MONROEVILLE PA 15146	1.4 CITY-ST-ZIP	MONROEVILLE, PA 15146
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, DEBORAH A.	2.2 NAME	
STREET ADDRESS	300 OXFORD DRIVE	2.3 STREET ADDRESS	105 MALL BLVD, EXPO MART, SUITE 270E
CITY-ST-ZIP	MONROEVILLE PA	2.4 CITY-ST-ZIP	MONROEVILLE, PA 15146
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D/V
STREET ADDRESS		3.3 STREET ADDRESS	BENNETT, ROBERT R
CITY-ST-ZIP		3.4 CITY-ST-ZIP	105 MALL BLVD, EXPO MART, SUITE 270E
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S/T
STREET ADDRESS		4.3 STREET ADDRESS	RIZZO, CARL M
CITY-ST-ZIP		4.4 CITY-ST-ZIP	105 MALL BLVD, EXPO MART, SUITE 270E
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)

SIGNATURE: \_\_\_\_\_ ROBERT R. BENNETT 4/25/97 (412)856-0700