

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000919 (1)

1. Corporation Name

VERITUS SERVICES INC.

Principal Place of Business

**120 FIFTH AVE.
FIFTH AVENUE PLACE
PITTSBURGH PA 15222-3099**

Mailing Address

**120 FIFTH AVE.
FIFTH AVENUE PLACE
PITTSBURGH PA 15222-3099**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

25-1570129

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

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite 922

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARONE, EUGENE J
STREET ADDRESS C/O FIFTH AVE. PLACE, 120 FIFTH AVE.
CITY - ST - ZIP PITTSBURGH PA 15222-3099

TITLE DP
NAME FOLEY, TIMOTHY J
STREET ADDRESS C/O FIFTH AVE. PLACE, 120 FIFTH AVE.
CITY - ST - ZIP PITTSBURGH PA

TITLE D
NAME LOWRY, WILLIAM M
STREET ADDRESS C/O FIFTH AVE. PLACE, 120 FIFTH AVE.
CITY - ST - ZIP PITTSBURGH PA 15222-3099

TITLE DS
NAME TRUITT, GARY R
STREET ADDRESS C/O FIFTH AVE. PLACE, 120 FIFTH AVE.
CITY - ST - ZIP PITTSBURGH PA 15222-3099

TITLE AS
NAME KRASIK, B. ELAINE
STREET ADDRESS C/O FIFTH AVE. PLACE, 120 FIFTH AVE.
CITY - ST - ZIP PITTSBURGH PA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME Dennis M. Kubit
1.3 STREET ADDRESS c/o Fifth Avenue Place, 120 Fifth Avenue
1.4 CITY - ST - ZIP Pittsburgh, PA 15222-3099

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Richard G. Conti
2.3 STREET ADDRESS c/o Fifth Avenue Place, 120 Fifth Avenue
2.4 CITY - ST - ZIP Pittsburgh, PA 15222-3099

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 regular 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: *Timothy J. Foley*

Timothy J. Foley

4/11/95

(412) 255-8262

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #