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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

- 1 adalada ahab idaar dala dalah ariik ariik adala balah balah Jedek adaba lahah ahke 1400

Daytime Prione #

1996

DOCUMENT #

SIGNATURE:

F9300001085 (0)

WM, INC. OF PENNSYLVANIA

	.							
Principal Place of ONE ALLEGH PITTSBURGH	IENY CENTER. SUITE 650		Making Address ONE ALLEGHENY CENTER: SUITE 650 PITTSBURGH PA 15212					
					3. Date Incorporated or Qualified 02/25/1993	3a. Date of La: 01/25	st Report /1995	
2. Promipal Plac 21	ce of Bosiness	2a. Mailing Address			4. FET Number 25-1523561		Applied For Not Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred		
City & State (3)		City & State		17	Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zg 24	Country 25	Zip 29	Country 30		This corporation has liability for a Florida Statutes	intangible tax unde	ers 199.032,	
t .	9. Name and Address of Curr	· L			10. Name and Address of New R	egistered Agent	1	
			81	Name				
Burandt, Robert B 1714 Cape Coral Parkway			82	Street	Address (P.O. Box Number is Not Acceptable)			
CAPE C	ORAL FL 33910		83					
			84	City		FL 85	Zip Code	
or registere familiar vath SIGNATURE	the previsions of Sections 607.05 or agrant, or both, in the State of Ro, and accept the obligations of, Sc effect in type 10 people thank the previous of the state.	orda. Such change was authoriz action 607.0505, Florida Statutes	ed by the corp	oration's	oxporation submits this statement for the pur board of directors. I hereby accept the apportunity of the pure statement of the pure	rpose of changing ointment as registe	its registered office ered agent. I am	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		CTORS IN 12	
THE	PCD	☐ DELETE	1. 1 TITLE		PCD	Chai		
NAME	ARANSON, MICHAEL J		1.2 NAME		Aranson, michael J.			
STREET ADDRESS				ADDRESS	Koski, Aransm + Thumas			
Off 51 2ff	BOCA RATON FL 33431	· <u>- ,</u>	1.4 CITY - S	F-ZIP	4730 NW BOCA RATEN BL		MM FL 33431	
]\$1, f	VD Feldman, Gerald e	[] DECETE	2 1 TITLE			☐ Chai	nge 🔲 Addition	
NAMi	82 SELDOM SEEN RD.		2.2 NAME			• *		
STREET ADDRESS	BRADFORDWOODS PA 15	5015	2 3 STRFE I					
UITY ST ZIC	VD	[DECE IE	2.4 Cily - S 3.1 TiTLE	1 · XII.		☐ Chai	nge	
NAMI	GING, EDWARD D	<u></u>	3.2 NAME				g [] Noomen	
STREET ADDRESS	302 FOX CHAPEL ROAD		3.3 STREE	ADDRESS				
OH1 - 51 - 200	PITTSBURGH PA		3.4 C/TY - 9	T - 71F				
hiti	ST	☐ DELETE	4 1 TITLE			☐ Chai	nge 🔲 Addition	
NAME	SHEARER, CHARLES J		4.2 NAME					
STREET ADDRESS	4 QUAIL COURT		4.3 STREET	ADDRESS				
2015 - \$1 - 200	EXPORT PA 15632		4.4 C+TY - S	T - ZIP				
`III ([] DELETE	5 1 TITLE			Chai	nge 🔲 Addition	
1 4 M4 4 70 8		(5.2 NAME					
\$TREET ADDRESS			5 3 STREET					
50Y \$1 Zir 10D			5.4 C/TY-S	1 - ZiP		□ C+-	nos 🗀 Addition	
7470		Бисп	6 1 TITLE 62 NAME			☐ Chai	nge Addition	
STREET ADDRESS			63 STREET	ADDGGGS				
City St zin			6.4 CiTY - S					
14. I do hereby certify that to path, that I	the information indicated on this ar an i an officer or director of t <u>he</u> cor	mual proof or supplemental ann	ished and doe ual report is to e empowered	s not qua	lability for the exemption stated in Section 119, courate and that my signature shall have the te this report as required by Chapter 607, Fil	same legal effect	as if made under	

GERALD E. FELDMAN