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FILED

Feb 11 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 # F93000001085 (0)

1. Corporation Name  
WM, INC. OF PENNSYLVANIA



Principal Place of Business  
ONE ALLEGHENY CENTER, SUITE 650  
PITTSBURGH PA 15212

Mailing Address  
ONE ALLEGHENY CENTER, SUITE 650  
PITTSBURGH PA 15212-5408

3. Date Incorporated or Qualified 02/25/1993  
3a. Date of Last Report 01/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
25-1523561

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURANDT, ROBERT B  
1714 CAPE CORAL PARKWAY  
CAPE CORAL FL 33910

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 required or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME KOSKI, ARANSON & THOM  
STREET ADDRESS 4730 NW BOCA RATON BLVD  
CITY-ST-ZIP BOCA RATON FL  
VD  
DELETE

1.1 TITLE PCD  
1.2 NAME Michael J. Aranson  
1.3 STREET ADDRESS c/o: Koski, Aranson & Thomas  
1.4 CITY-ST-ZIP 4730 NW Boca Raton Blvd., Boca Raton FL 33431  
Change Addition

TITLE VD  
NAME FELDMAN, GERALD E  
STREET ADDRESS 82 SELDOM SEEN RD.  
CITY-ST-ZIP BRADFORDWOODS PA 15015  
DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

TITLE VD  
NAME GING, EDWARD D  
STREET ADDRESS 302 FOX CHAPEL ROAD  
CITY-ST-ZIP PITTSBURGH PA  
DELETE

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

TITLE ST  
NAME SHEARER, CHARLES J  
STREET ADDRESS 4 QUAIL COURT  
CITY-ST-ZIP EXPERT PA 15632  
DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

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

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

412/323-8900

Daytime Phone #

CR2E034 (9/96)