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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F93000004426 (3)**

1. Corporation Name

PITTSBURGH TAG SYSTEMS INC.

Principal Place of Business

**1112 GALVESTON AVENUE
PITTSBURGH PA 15233-4457**

Mailing Address

**P. O. BOX 99457
PITTSBURGH PA 15233-4457
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1993

4. FEI Number

25-0732110

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE

NAME **GRISWOLD, LEA**
STREET ADDRESS **1112 GALVESTON AVENUE**
CITY-ST-ZIP **PITTSBURGH PA 15233-4457**

TITLE **D** ☐ DELETE

NAME **GRISWOLD, OLIVER T**
STREET ADDRESS **1112 GALVESTON AVENUE**
CITY-ST-ZIP **PITTSBURGH PA 15233-4457**

TITLE **D** ☐ DELETE

NAME **GRISWOLD, NICHOLS R**
STREET ADDRESS **1112 GALVESTON AVE**
CITY-ST-ZIP **PITTSBURGH PA**

TITLE **VPST** ☐ DELETE

NAME **KERR, PHILIP H**
STREET ADDRESS **1112 GALVESTON AVE**
CITY-ST-ZIP **PITTSBURGH PA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

15233-4457

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

15233-4457

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

**President
Michael D. Graham
1112 Galveston Ave
Pittsburgh PA 15233-4457**

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 (10/97)