

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
CONSUMER SERVICE DIVISION

APPROVED
AND
FILED

95 MAY -1 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005624 (2)

KEY EMPLOYEE CORPORATION

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/10/1993	3a. Date of last report 04/27/1994
4. FFI Number 25-1722269	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. 197.012, Florida Statutes. ☒ Yes ☐ No	

2. Principal Office of Corporation 680 ANDERSEN DR. FOSTER PLAZA X PITTSBURGH PA 15220	2a. Mailing Address 680 ANDERSEN DR. FOSTER PLAZA X PITTSBURGH PA 15220
21. State, Apt. # or P.O. 22	26. State, Apt. # or P.O. 27
23. City & State 28	29. City & State 30
24. Zip 25	29. Zip 30

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. 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
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11. Pursuant to the provisions of Sections 607.0501 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 of Corporation Registered Agent (Required for Corporations)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD FINE, MILTON 680 ANDERSEN DR. PITTSBURGH PA 15220	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	VT PARRINGTON, W. THOMAS JR 680 ANDERSEN DR. PITTSBURGH PA 15220	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	V KLEISNER, FREDERICK J 680 ANDERSEN DR. PITTSBURGH PA 15220	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	S DROZ, MARVIN I 680 ANDERSEN DR. PITTSBURGH PA 15220	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	V RICHARDSON, J. W 680 ANDERSEN DR PITTSBURGH PA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197.012(4)(b), Florida Statutes. I further certify that the information included 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 provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. William Richardson

4-26-95