FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 3: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000295 (5)**

1. Corporation Name
CONTINENTAL DESIGN & SUPPLIES, INC.

Principal Place of Business: FOSTER PLAZA X. 680 ANDERSEN DR. PITTSBURGH PA 15220

Mailing Address: FOSTER PLAZA X. 680 ANDERSEN DR. PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: Faithful Return

4. FEI Number: 25-1368338 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

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

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

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	FINE, MILTON
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP	PITTSBURGH PA 15220
TITLE	P
NAME	KLEISNER, FREDERICK J
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP	PITTSBURGH PA 15220
TITLE	VT
NAME	PARRINGTON, W. THOMAS JR.
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP	PITTSBURGH PA 15220
TITLE	V
NAME	FROMAN, ROBERT L
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP	PITTSBURGH PA 15220
TITLE	V
NAME	RICHARDSON, J. WILLIAM
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP	PITTSBURGH PA 15220
TITLE	S
NAME	DROZ, MARVIN I
STREET ADDRESS	FOSTER PLAZA X, 680 ANDERSEN DR.
CITY-ST-ZIP	PITTSBURGH PA 15220

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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: J. William Richardson V.P. — 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. William Richardson

0001848 CP