SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 5 PM 12:00

DOCUMENT # **F94000005997 (1)**

1. Corporation Name
ASSOCIATED COMMUNICATIONS OF DELAWARE, INC.

Principal Place of Business	Mailing Address
200 GATEWAY TOWERS PITTSBURGH PA 15222	200 GATEWAY TOWERS PITTSBURGH PA 15222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1994	3a. Date of Last Report:
4. FEI Number: 51-0260858	☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BERKMAN, MONROE
ENTERPRISE PLAZA
201 E. KENNEDY BLVD, SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BERKMAN, MYLES P	12 NAME	
STREET ADDRESS	200 GATEWAY TOWERS	13 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15222	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BERKMAN, DAVID J	22 NAME	
STREET ADDRESS	3 BALA PLAZA EAST #502,MONUMENT & PRESIDNT	23 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	HARTMAN, KEITH C	32 NAME	
STREET ADDRESS	200 GATEWAY TOWERS	33 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15222	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	BERKMAN, MYLES P	42 NAME	
STREET ADDRESS	200 GATEWAY TOWERS	43 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15222	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JONES, DONALD H	52 NAME	
STREET ADDRESS	200 GATEWAY TOWERS	53 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15222	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KATARINCIC, JOSEPH A	62 NAME	
STREET ADDRESS	ONE OXFORD CENTER, 32ND FLOOR	63 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219	64 CITY-ST-ZIP	

CR2E034 (3/95)

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(3)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: Keith C Hart 6/6/95 (412) 281-1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174374 FP