

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 04 1997 8:00am  
Secretary of State

DOCUMENT # F94000006015 (1)

1. Corporation Name  
DUNLOY, INC.

Principal Place of Business  
592 CARRIAGE CIRCLE  
PITTSBURGH PA 15205

Mailing Address  
592 CARRIAGE CIRCLE  
PITTSBURGH PA 15205-1624



3. Date Incorporated or Qualified  
11/22/1994

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

21 800 N. Bell Avenue #250

Suite, Apt. #, etc.

22 Carnegie Office Park #6

City & State

23 Carnegie, PA

Zip

24 15106

Country

25 Allegheny

2a. Mailing Address

26 800 N. Bell Avenue #250

Suite, Apt. #, etc.

27 Carnegie Office Park #6

City & State

28 Carnegie, PA

Zip

29 15106

Country

30 Allegheny

4. FEI Number

57-0753040

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GLUKES, WILLIAM JR.  
STREET ADDRESS 404 WOODHAVEN DRIVE  
CITY-ST-ZIP WEXFORD PA

☐ DELETE

TITLE D  
NAME GLUKES, ELEANOR  
STREET ADDRESS 10160 COLLINS AVE. #206  
CITY-ST-ZIP BAL HARBOR FL

☐ DELETE

TITLE D  
NAME GLUKES, WILLIAM S SR  
STREET ADDRESS 10180 COLLINS AVE. #206  
CITY-ST-ZIP BAL HARBOR FL 33154

☐ DELETE

TITLE SD  
NAME GLUKES, DARREN  
STREET ADDRESS 608 PARLIAMENT DR  
CITY-ST-ZIP CORAOPOLIS PA 15108

☐ DELETE

TITLE T  
NAME GLUKES, GAYLE  
STREET ADDRESS 404 WOODHAVEN DR  
CITY-ST-ZIP WEXFORD PA 15090

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

(Date)

1-800-489-1650

Daytime Phone #

CR2E034 (9/96)