

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006015 (1)

1. Corporation Name
DUNLOY, INC.

Principal Place of Business
800 N BELL AVE #250
CARNIGIE OFFICE PARK #6
CARNIGIE PA 15106
US

Mailing Address
800 N BELL AVE #250
CARNIGIE OFFICE PARK #6
CARNIGIE PA 15106
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-0753040	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code

FL

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

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLIKES, WILLIAM JR.	
STREET ADDRESS	404 WOODHAVEN DRIVE	
CITY-ST-ZIP	WEXFORD PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLIKES, ELEANOR	
STREET ADDRESS	10160 COLLINS AVE. #206	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLIKES, WILLIAM S SR	
STREET ADDRESS	10160 COLLINS AVE. #206	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLIKES, DARREN	
STREET ADDRESS	606 PARLIAMENT DR	
CITY-ST-ZIP	CORAOPOLIS PA 15108	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLIKES, GAYLE	
STREET ADDRESS	404 WOODHAVEN DR	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	GLIKES, ELEANOR
2.4 CITY-ST-ZIP	212 TECH ROAD PITTSBURGH, PA 15205
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	GLIKES, WILLIAM S. SR
3.4 CITY-ST-ZIP	212 TECH ROAD PITTSBURGH, PA 15205
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address.

SIGNATURE:

William S. Glikes 2/20/98

CR2E034 (10/97)