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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F95000000539**

1. Corporation Name **ALLEGHENY MINERAL CORPORATION**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90060 007 ***150.00

|--|

Principal Place of Business Mailing Address					- I (SQUES HIM IBIOL BIN) BRIN COM BRIN OBTH BRIN BRIN THE BURE HIM HAN HAD	
PO BOX 1022 PO BOX 1022 KITTANNING PA 16201 KITTANNING PA 16201					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/01/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26					25-1004140 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			^		\$8.75 Additional	
22 27					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	rry	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Current	29 3	0	<u>. </u>	Personal Property Tax.	
	9. Name and Address of Curren	t Kadisterad Agent	Ε	1 Name	·	
PAS	Passmore, Richard E				PASSMORE, JEFFREY ress (P.O. Box Number is Not Acceptable)	
1016 W. CHURCH ST.				2 Street Addre	ress (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32805		8	13	DIG W. CHURCH -1.	
			<u> </u> _			
	THE STATE OF THE PARTY OF THE P		8	City O	PRLANDO FL 85 Zip Code 32805	
11 Pursuant to the provisions of Sections 607/0502 and 607/1508. Florida Statutes, the above-named compration submits this statement for the purpose of changing its registered						
office or registered agent for 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	Stanature, typed or printed name of registered agent	PASS MORE 04-23-99 di when reinstating) DATE				
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE /	C CANDED CHARLES II ID	☐ DELETE	. 1.1 TITLE	·	Change Addition	
NAME	SNYDER, CHARLES H JR.		1.2 NAM	E	~~~	
STREET ADDRESS	409 BUTLER ROAD		1.3 STRE	EET ADDRESS		
CITY-ST-ZIP	KITTANNING PA 16201	O DELETE	1.4 CITY		Charge Addition	
TITLE	SNYDER, CHARLES H SR.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	409 BUTLER ROAD		2.2 NAMI		i	
STREET ADDRESS	KITTANNING PA 16201			ET ADDRESS		
CITY-ST-ZIP	PD	☐ DELETE	2. 4 CITY 3.1 TITLE		Change [Addition]	
NAME	SNYDER, DENNIS C		3.2 NAMI			
STREET ADDRESS	409 BUTLER ROAD		B '	ET ADDRESS	ţ	
CITY-ST-ZIP	KITTANNING PA 16201		3.4. CITY	-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		Change Addition	
NAME	SNYDER, THOMAS C		4. 2 NAM	E	!	
STREET ADDRESS	409 BUTLER ROAD		43 STRE	ET ADDRESS	.ï	
C/TY-ST-ZIP	KITTANNING PA 16201		4.4 CITY	ST-ZIP	1	
TITLE	SD	☐ DELETE	5.1 TITLE			
NAME	SNYDER, MARK A		5.2 NAMI		ļ	
STREET ADDRESS	409 BUTLER ROAD		J	ET ADDRESS		
CITY-ST-ZIP	KITTANNING PA 16201		5.4 CITY			
TITLE	TD DAVID F	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	SNYDER, DAVID E		6.2 NAME			
STREET ADDRESS	409 BUTLER ROAD		ł	ET ADDRESS	1	
CITY-ST-ZIP	KITTANNING PA 16201		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 on an attachment with an address, with all other like empowered

SIGNATURE:

724-548-8101