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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business	Mailing Address
4 NORTHSHORE CENTER	4 NORTHSHORE CENTER
PITTSBURGH PA 15212	PITTSBURGH PA 15212

FILED Apr 03 1998 8:00am Secretary of State

1	ON Name ACH COMPANY	0001782 (0,)			
Principal Pla	ce of Business	Mailing Address			- SADINDA 1410 IBING NING KANT NANG KANT NANG NANG TANG 1908 14014 1908. 14119 [19] (ED)	
4 NORTHSHORE CENTER 4 NORTHSHORE CENTER PITTSBURGH PA 15212 PITTSBURGH PA 15212						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/12/1995	
2. Principal	2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
26					25-1013720 Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
City 8 Sta					Fee Required	
23	City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Properly Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
	T CORPORATION SYSTEM		81	Name		
	200 SOUTH PINE ISLAND ROAD		82	Strect	Address (P.O. Box Number is Not Acceptable)	
PI	LANTATION FL 33324		83			
			63			
			84	City	FL 85 Zip Code	
SIGNATURE	Signature typed or printed name of registered ag			_	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered enquired when reinstating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	_VP	DELETE	1.1 TITLE		VD Change A Addition	
NAME	KIENAST, FRED R		1.2 NAMÉ	'	J NEAL SASSER	
STREET ADDRESS			1,3 STREET	ADDRESS	4 NORTHSHORE CENTER	
CITY-ST-ZIP	PITTSBURGH PA		1.4 CITY - S	T-7IP	PITTSBURGH DA 15212	
TITLE	8	DELETE	2 1 TITLE		Change Addition	
NAME	LESIFKO, CYNTHIA A		2.2 NAME			
STREET ADDRESS	4 NORTHSHORE CENTER PITTSBURGH PA 15212		2.3 \$1REF1			
CITY-ST-ZIP	T0	DELETE	2. 4 CITY - 5 3.1 TITLE	21 - ZIP	Change Addition	
NAME	MIELE, ROBERT C		3.2 NAME			
STREET ADDRESS			3.3 STREET	address		
CITY-ST-ZIP	PITTSBURGH PA 15212		3.4. CDY - 5			
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	SACCO, DENNIS L		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15212	Dr. F++	4.4 CITY - S	1 - Z(P	Tables Tables	
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME OFFICE ADDRESS			5.2 NAME	ADDD: 00		
STREET ADDRESS			53 STREFT	- 1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TIFLE	1 - 710	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY - ST- ZIP			6.4 CITY-S			

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 or in attachment with an address.