

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-7-5-96 B-78944C

DOCUMENT # F95000002350 (5)

1. Corporation Name

SPECTRUM SECURITIES CORPORATION



Principal Place of Business

Mailing Address

270 WALKER DRIVE
PO BOX 1318
STATE COLLEGE PA 16804

270 WALKER DRIVE
PO BOX 1318
STATE COLLEGE PA 16804

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WIENER, WENDY R
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32302

3. Date Incorporated or Qual. Fed.

3a. Date of Last Report

05/15/1995

4. FEI Number

Applied For

23-2697799

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

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 the filer/applicant)

(Name of Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TOUB, PAUL G
STREET ADDRESS 2505 JANE LANE
CITY-ST-ZIP GILBERTSVILLE PA 19525

☒ DELETE

TITLE DST
NAME WEAVER, LISA S
STREET ADDRESS 111 SELLERS LANE
CITY-ST-ZIP PORT MATILDA PA 16870

☒ DELETE

TITLE C
NAME WEIR, KEITH L
STREET ADDRESS 205 EAST WILLOWOOD CT.
CITY-ST-ZIP STATE COLLEGE PA 16803

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE P
12 NAME BENNETT, ROBERT STEVEN
13 STREET ADDRESS 1086 WASHINGTON ROAD
14 CITY-ST-ZIP PITTSBURGH PA 15228

☐ Change ☒ Addition

21 TITLE V
22 NAME RICHWINE, JAY L. JR.
23 STREET ADDRESS 448 SWEET BRIAR DRIVE
24 CITY-ST-ZIP HARRISBURG PA 17111

☐ Change ☒ Addition

31 TITLE V
32 NAME MITCHELL, THOMAS EDWARD
33 STREET ADDRESS
34 CITY-ST-ZIP STATE COLLEGE PA

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAY L. RICHWINE, JR.

6/17/96

(814) 238-2253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)