

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002364 (6)

1. Corporation Name

THE MAGERKO CORPORATION



Principal Place of Business

4121 WASHINGTON ROAD
MCMURRAY PA 15317

Mailing Address

4121 WASHINGTON ROAD
MCMURRAY PA 15317

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 for this corporation

Signature typed or printed name of new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPT

☐ DELETE

NAME

HARDY, JOSEPH A III

STREET ADDRESS

4121 WASHINGTON ROAD

CITY - ST - ZIP

MCMURRAY PA 15317

TITLE

DV

☐ DELETE

NAME

MAGERKO, MARGARET H

STREET ADDRESS

4121 WASHINGTON ROAD

CITY - ST - ZIP

MCMURRAY PA 15317

TITLE

VS

☐ DELETE

NAME

TORAS, CHRISTINA A

STREET ADDRESS

4121 WASHINGTON ROAD

CITY - ST - ZIP

MCMURRAY PA 15317

TITLE

V

☐ DELETE

NAME

CARLSEN, DAVID

STREET ADDRESS

4121 WASHINGTON ROAD

CITY - ST - ZIP

MCMURRAY PA 15317

TITLE

AV

☐ DELETE

NAME

HACKMAN, ROBERT F

STREET ADDRESS

4121 WASHINGTON ROAD

CITY - ST - ZIP

MCMURRAY PA 15317

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David E. Carlsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. CARLSEN

03-26-96

(412) 228-8820

DATE

Daytime Phone #

CR2E034 (12/95)