

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000006037 (4)

1. Corporation Name

IHC/CG PORTFOLIO CORPORATION



Principal Place of Business

FOSTER PLAZA X  
680 ANDERSEN DR.  
PITTSBURGH PA 15220

Mailing Address

FOSTER PLAZA X  
680 ANDERSEN DR.  
PITTSBURGH PA 15220

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

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

4. FEI Number

25-1772862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	FINE, MILTON	
STREET ADDRESS	145 OLD MILL ROAD	
CITY-ST-ZIP	PITTSBURGH PA 15238	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARDSON, J. WILLIAM	
STREET ADDRESS	3323 PONOKA ROAD	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DROZ, MARVIN I	
STREET ADDRESS	1356 OAK LEDGE COURT	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARRINGTON, W. THOMAS JR.	
STREET ADDRESS	504 BEAVER ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FROMAN, ROBERT L	
STREET ADDRESS	420 WOODLAND ROAD	
CITY-ST-ZIP	SEWICKLEY PA 15143	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HUDAK, TIMOTHY Q	
STREET ADDRESS	204 STONEWOOD DR.	
CITY-ST-ZIP	BETHEL PARK PA 15102	

13. 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

900001792749  
-04/24/96--01052--024  
\*\*\*200.00

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:

*William Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4-16-96

Date

Daytime Phone #

CR2E034 (12/95)