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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 15220-2700**

3. Date Incorporated or Qualified **12/12/1995** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

25-1772862

Applied For
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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **FINE, MILTON**
STREET ADDRESS **145 OLD MILL ROAD**
CITY- ST- ZIP **PITTSBURGH PA 15238**

TITLE **V** ☐ DELETE
NAME **RICHARDSON, J. WILLIAM**
STREET ADDRESS **3323 PONOKA ROAD**
CITY- ST- ZIP **PITTSBURGH PA 15241**

TITLE **S** ☐ DELETE
NAME **DROZ, MARVIN I**
STREET ADDRESS **1356 OAK LEDGE COURT**
CITY- ST- ZIP **PITTSBURGH PA 15241**

TITLE **T** ☐ DELETE
NAME **PARRINGTON, W. THOMAS JR.**
STREET ADDRESS **504 BEAVER ROAD**
CITY- ST- ZIP **SEWICKLEY PA 15143**

TITLE **V** ☐ DELETE
NAME **FROMAN, ROBERT L**
STREET ADDRESS **420 WOODLAND ROAD**
CITY- ST- ZIP **SEWICKLEY PA 15143**

TITLE **AS** ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

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

William Richardson 4/15/97

(412) 937-0600