

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F95000006037 (4)**

1. Corporation Name

IHC/CG PORTFOLIO CORPORATION



Principal Place of Business

Mailing Address

**FOSTER PLAZA X
680 ANDERSEN DR.
PITTSBURGH PA 15220**

**FOSTER PLAZA X
680 ANDERSEN DR.
PITTSBURGH PA 15220**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

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

24 25

29 30

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

TITLE **VT** ☐ DELETE
NAME **PARRINGTON, W. THOMAS JR.**
STREET ADDRESS **604 BEAVER ROAD**
CITY-ST-ZIP **SEWICKLEY PA**

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

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

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

TITLE **AS** ☐ DELETE
NAME **HUDAK, TIMOTHY Q**
STREET ADDRESS **204 STONEWOOD DR.**
CITY-ST-ZIP **BETHEL PARK PA 15102**

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

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 on an attachment with an address.

SIGNATURE *[Signature]* **T. William Richardson** **12/12/95** **25-1772862**

CR2E034 (10/97)