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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000006037

IHC/CG PORTFOLIO CORPORATION

Principal Place of Busi
FOSTER PLAZA X .
680 ANDERSEN DR.
PITTSBURGH PA 15220

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90031 040 \*\*\*150.00



Principal Place	of Business	Mailing Address				s the like like leter eriet datst omstrannin en			(   145) 1454	
FOSTER PLAZA 680 ANDERSEN PITTSBURGH PA	Foster Plaza X 680 Andersen dr. Pittsburgh pa 15220	dersen dr.			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 12/12/1995				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For	l
21		26				25-1772862		Not /	Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>75</b> Ad e Requ	ditional uired	
City_& State	e	City & State			<del></del>	z6. Election:Campaign:Financing =	\$5	M=00:	lay Be===	=
23		28			•	Trust Fund Contribution	Ad	ded to	Fees	l
Zip	CountryZip			Country 8. This corporation owes the				_	٦	l
24	25	29	30	,		Personal Property Tax. Yes No			_No	l
	9. Name and Address of Current	Registered Agent		1	A.1	10. Name and Address of New Registere	d Agent			ſ
000	DODATION CEDIACE COMBANY			81	Name					l
	PORATION SERVICE COMPANY HAYS STREET			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				
TALL	AHASSEE FL 32301-2525			83			-			
				84	City		. 85	Zip Co	ode	1
					•	<b>_</b>	LII	-		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was a	uthorized	d by tr	named corporation	ration submits this statement for the purpose is board of directors. I hereby accept the appropriate the statement for the purpose.	of changin pointment a	g its regis	egistered stered	
SIGNATURE										
	Signature, typed or printed name of registered agent			1 Agent 8	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDE	CTOD	C IN 42	é
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		·	ADDITIONS/CHANGES TO OFFICERS			Addition	3
TITLE	C	M DELETE	1.1 TI					90		1
NAME	FINE, MILTON		1.2 N							8
STREET ADDRESS	145 OLD MILL ROAD				DDRESS					5
CITY-ST-ZIP	PITTSBURGH PA 15238	☐ DELETE	_	ITY-ST-	ZIP	<del></del>	☐ Cha	e	Addition	1
TITLE	VT		2.1 TI					90		
NAME	RICHARDSON, J. WILLIAM		2.2 N		200					İ
STREET ADDRESS	3323 PONOKA ROAD				DDRESS !					
CfTY-ST-ZiP	PITTSBURGH PA 15241	<b>⊠</b> DELETE	_	2TY-ST-	ZIP		☐] Cha	ange	Addition	ĺ
TITLE	S	ENCIE IE	3.1 T					حيث	بقد عبيت	=
NAME	DROZ, MARVIN I		3.2 N	_	DDDEED					
STREET ADDRESS	1356 OAK LEDGE COURT				DDRESS					
CITY-ST-ZIP	PITTSBURGH PA 15241	₩ DELETE	3.4. C	ITY-ST-	ZIF		[ ] Cha	ange	☐ Addition	1
TITLE	PARRIMOTON W THOMAS ID	<u> Z</u> -VELEIE			}			- 0-		
NAME	PARRINGTON, W. THOMAS JR.		4. 2 NA		DDDEEC					ĺ
STREET ADDRESS					DDRESS					
CITY-ST-ZIP	SEWICKLEY PA	DELETE	4.4 C	ITY-ST-	AP		Cha	ange	Addition	1
TITLE	<b>'</b>	Serverene	5.1 N			-			<b>—</b>	
NAME	FROMAN, ROBERT L				DORESS					
STREET ADDRESS	420 WOODLAND ROAD			ITY-ST-						}
CITY-ST-ZIP	SEWICKLEY PA 15143	☐ DELETE	6.1 T				Cha	ange	Addition	1
TITLE	AS HIDAY TIMOTHY O			IAME						1
NAME	HUDAK, TIMOTHY Q 204 STONEWOOD DR.				DORESS					
STREET ADDRESS	RETHEL PARK PA 15102			ITY-ST-	1					1

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, with all other like empowered.

SIGNATURE:

