2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006037 Jun 09, 2000 8:00 am **Secretary of State IHC/CG PORTFOLIO CORPORATION** 06-09-2000 90013 020 ***150.00 Mailing_Address Principal Place of Business FOSTER PLAZA X 680 ANDERSEN DR. PITTSBURGN PA 15220 FOSTER PLAZA X 680 ANDERSIEN DR. PITTSBURGH RA 15220-2700 2. Principal Place of Business 1950 Stemmons 3. Mailing Address Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Dane 6001 Applied For City & State 4. FEI Number 25-1772862 Samo Not Applicable Country Cam Country \$8.75 Additional 5. Certificate of Status Desired same Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE RICHARDSON, J. WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 3323 PONORA ROAD CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15241 ☐ Addition AS TITLE ☐ Change TITLE HUDAK, TIMOTHY Q NAME STREET ADDRESS 204 STONEWOOD DR. STREET ADDRESS BETHEL PARK PA 15102 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F President Frederick J. Kleisner 5600 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Dollos Tx 75007 VP + Transurer ■ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP + Secretary ☐ Change Addition TITLE Carla S. Moreland NAME NAME STREET ADDRESS STREET ADDRESS as above CITY-ST-ZIP CITY-ST-ZIP Asst Secretary Boverly M. Houston DIFLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EANTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00 214 863 (000)