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Applied For

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

2a. Mailing Address

26

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000698 (8)

PORTION PAC, INC.

2. Principal Place of Business

Cuita Ant H ala

SIGNATURE:

 Principal Place of Business
 Mailing Address

 7325 SNIDER RD.
 7325 SNIDER RD.

 MASON OH 45040-9801
 MASON OH 45040-9801

FILED Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 02/12/1996

31-0836538

4. FEI Number

22				27					5. Certificate of Status Desired Fee Regulred		
City & State			1	City & State					6. Election Campaign Financing \$5.00 May Be		
23			28	•					Trust Fund Contribution Added to Fees		
Zip		Country	1	Zip		Country	<u>-</u> -		8. This corporation owes or has paid the current year Intangible		
24	į.	25	29		30			Ì	Personal Property Tax due June 30. 🔀 Yes 🔲 No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM						81	81 Name				
1200 SOUTH PINE ISLAND ROAD						82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324							Ozi Street Address (F.O. Box Number is Not Acceptable)				
						83	Ţ				
						84	┼-,	City	■■ [85 Zip Code		
						104	1	City	FL 85 Zip Code		
11. Pursuant	to the provision	ons of Sections 607.0502	and 60	07.1508, Florid	la Statutes,	the above	e-r	named corpor	ration 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.											
ϵ											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE											
12.		OFFICERS AND	DIREC			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	A ##		∐ DEI	LETE	1.1 TITLE		}	Change Addition		
NAME					1.2 NAME		ţ				
STREET ADDRESS					1.3 STREET	ΙAD	DORESS				
CITY-ST-ZIP		OH 45040-9601				1.4 CITY - S	ST - 2	ZIP			
TITLE	VTS			DEL	LETE	2.1 TITLE		ł	Change Addition		
NAME		RANCIS W				2.2 NAME		Į			
STREET ADDRESS					2.3 STREET	ΑD	idress				
CITY-ST-ZIP						2. 4 CMY - S	ST-	ZIP			
TITLE	D			DEL	LETE	3.1 TITLE		į	Change Addition		
NAME	SPRINGER, WILLIAM C					3.2 NAME					
STREET ADDRESS) · ·					3.3 STREET	AD	ORESS			
CITY-ST-ZIP		RGH PA 15212				3.4. CITY-S	ST-2	Z/P			
TITLE	S			L_ DEL	ETE	4.1 TITLE		ļ	Change Addition		
NAME ;	DAVIS, K					4, 2 NAME		ł			
STREET ADDRESS		NT ST., 60TH FLOOR				4.3 STREET	AD	DRESS			
CITY-ST-ZIP	PITTSBU	RGH PA 15219				4.4 CITY - ST) - Z	ZIP			
TITLE	T			DEL DEL	ETE	5.1 TITLE			Change Addition		
NAME		CATHERINE A				5.2 NAME		ţ			
STREET ADDRESS		NT ST., 60TH FLOOR				5,3 STREET	AD	DRESS			
City-St-Zip		RGH PA 15219				5.4 CITY-ST	T - Z	IP .			
TITLE	ST			[DEL	.ETĒ	6,1 TITLE		1	Change Addition		
NAME		ER, DAVID J				6.2 NAME					
STREET ADDRESS		OGRESS ST.				6,3 STREET	ADI	DRESS	•		
CITY-ST-ZIP		RGH PA 15219	40-1	(16.6	6.4 CITY - ST			70 070 V F		
 14. I hereby displayed 	pertify that the on this annual	intormation supplied with I report or supplemental a	this fil เกิดนลโ	report is true a	quality for th and accura	ne exempt te and tha	tior at r	n stated in Se my signature :	ection 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an		
officer or	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.										

ALLUSE REQUIRED