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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002337

1. Corporation Name

HILB, ROGAL AND HAMILTON COMPANY OF PITTSBURGH,

Principal Plac	ce of Business	Mailing Address					***************************************
333 FORBES AVE. WARNER CENTRE PITTSBURGH PA 15222		4235 INSLAKE DR WARNER CENTRE GLEN ALLEN VA 23060		DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed 05/09/1996		
Principal Place of Business Za. Mailing Address					4, FEI Number	Ap	plied For
21 USXTower, Suite 5500		26		62-1135574	No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22 600	Grant Street	27			5. Certificate of Status Desired	Fee Re	quired -
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23 Pittsburgh PA		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	•	8. This corporation owes the current year in		
24 152	25 US	293	30		Personal Property Tax.		□No
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered	Agent	
000	SPORATION REPUICE COMPANY		81	Name			
CORPORATION SERVICE COMPANY			82	Street	Address (P.O. Box Number is Not Acceptable)		
1201 HAYES ST							
IALI	LAHASSEE FL 32301		83]			
į			84	City		85 Zip (ode.
			07	City	Fl	_ 05 24	7000
11. Pursuant	to the provisions of Sections 607.050	and 607.1508, Florida Statutes	s, the abov	e-named	corporation submits this statement for the purpose of	changing its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was aut ions of Section 607 0505. Florid	thorized by	the corpo	oration's board of directors. I hereby accept the appo	intment as re	jisterea
(10.10 0., 000.10.1 00.10000, 1 10.10					
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	Registered Age	nt signature r	equired when reinstating) DATE		 _
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DAS	DELETE	1.1 TITLE		PICEO	Change	Addition
NAME	SMITH, WALTER L		1.2 NAME		J. Scot Teachout USXTower, Soite 5500, 600 Gra	nt Stree	/
STREET ADDRESS	4235 INNSLAKE DR		1.3 STREE	TADDRESS		.,	•
CITY-ST-ZIP	GLEN ALLEN VA 23060	EN VA 23060		T-ZIP	Pitsburgh, PA 15222		
TITLE	DT	Z DELETE	2.1 TITLE		DIVA	Change	Addition
NAME	KORMAN, TIMOTHY J		2.2 NAME		Andrew L. Rogal		
STREET ADDRESS	AGOS INDIOLANCE DO		2.3 STREET ADDRESS		4235 Inslake Dr		
CITY-ST-ZIP	GLEN ALLEN VA 23060		2. 4 CITY-ST-ZIP		Glen Allen, VA 23060		
TITLE	EVP	≱ DELETE	3.1 TITLE		5000	Change	Addition
NAME	LIEBERMAN, WILLIAM K	•	3.2 NAME		Thothy J. Korman 4235 Inslake Dr.	• -	
STREET ADDRESS	000 E00000 ALE			T ADDRESS	4235 Innslake Ur.		
CITY-ST-ZIP	PITTSBURGH PA 15222		3.4. CITY-ST-ZIP		GlenAllen, VA 23060		
TITLE	D	DELETE	4.1 TITLE			Change	Addition
NAME	ROGAL, ANDREW L	#	4.1 11100				~~
STREET ADDRESS	HOURE, ANDREW E		A 2 NAME		Carolyn Jones		
	A235 INNSLAKE DD		4. 2 NAME	r Annpeee	Carolyn Jones 11235 Innslake Dr	<u></u>	
	1		4.3 STREE	r address	Carolyn Jones 11235 Innslake Dr		
CITY-ST-ZIP	GLEN ALLEN VA 23060	™ DELETE	4.3 STREE 4.4 CITY-S		Carolyn Jones 4235 Ennstake Dr Glen Allen, UN 23060		€ Addition
CITY-ST-ZIP TITLE	GLEN ALLEN VA 23060	⊠ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE		Grenalien, UN 23060 DIS Smith	Change	☐ Addition
City-st-zip Title NAME	GLEN ALLEN VA 23060 P MCGRATH, JOHN P	⊠ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP	Grenalien, UN 23060 DIS Smith		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MCGRATH, JOHN P 333 FORBES AVE.	⊠ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP	Grenallen, UA 23060 DIS Walter L. Smith U235 Innslake Dr. U235 Innslake Dr.		☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLEN ALLEN VA 23060 P MCGRATH, JOHN P		4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP	Grenalien, UN 23060 DIS Smith	Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MCGRATH, JOHN P 333 FORBES AVE.	⊠ DELETE	4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP	Grenallen, UA 23060 DIS Walter L. Smith U235 Innslake Dr. U235 Innslake Dr.		Addition

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS



STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR