


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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90088 034 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000002337</b>					
1. Corporation Name <b>HILB, ROGAL AND HAMILTON COMPANY OF PITTSBURGH, INC.</b>					
Principal Place of Business <b>333 FORBES AVE. WARNER CENTRE PITTSBURGH PA 15222</b>			Mailing Address <b>4235 INSLAKE DR WARNER CENTRE GLEN ALLEN VA 23060 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>USX Tower, Suite 5500</b>		26 <b>Suite, Apt. #, etc.</b>		05/09/1996	
22 <b>600 Grant Street</b>		27 <b>City &amp; State</b>		4. FEI Number	
23 <b>Pittsburgh PA</b>		28 <b>City &amp; State</b>		62-1135574	
24 <b>15222</b>		25 <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 <b>15222</b>		27 <b>US</b>		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 <b>15222</b>		29 <b>US</b>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYES ST TALLAHASSEE FL 32301			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 signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DAS	<input checked="" type="checkbox"/> DELETE			
NAME	SMITH, WALTER L				
STREET ADDRESS	4235 INNSLAKE DR				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE	DT	<input checked="" type="checkbox"/> DELETE			
NAME	KORMAN, TIMOTHY J				
STREET ADDRESS	4235 INNSLAKE DR				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE	EVP	<input checked="" type="checkbox"/> DELETE			
NAME	LIEBERMAN, WILLIAM K				
STREET ADDRESS	333 FORBES AVE				
CITY-ST-ZIP	PITTSBURGH PA 15222				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	ROGAL, ANDREW L				
STREET ADDRESS	4235 INNSLAKE DR.				
CITY-ST-ZIP	GLEN ALLEN VA 23060				
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	MCGRATH, JOHN P				
STREET ADDRESS	333 FORBES AVE.				
CITY-ST-ZIP	PITTSBURGH PA 15222				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P/CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	J. Scot Teachout				
1.3 STREET ADDRESS	USX Tower, Suite 5500, 600 Grant Street				
1.4 CITY-ST-ZIP	Pittsburgh, PA 15222				
2.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Andrew L. Rogal				
2.3 STREET ADDRESS	4235 Innslake Dr				
2.4 CITY-ST-ZIP	Glen Allen, VA 23060				
3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Timothy J. Korman				
3.3 STREET ADDRESS	4235 Innslake Dr.				
3.4 CITY-ST-ZIP	Glen Allen, VA 23060				
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Carolyn Jones				
4.3 STREET ADDRESS	4235 Innslake Dr				
4.4 CITY-ST-ZIP	Glen Allen, VA 23060				
5.1 TITLE	DIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	Walter L. Smith				
5.3 STREET ADDRESS	4235 Innslake Dr.				
5.4 CITY-ST-ZIP	Glen Allen, VA 23060				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)