SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001250 (6)

GNC FRANCHISING, INC.

FILED Jul 22 1998 8:00am Secretary of State

| 3 | | | | |
|------------------|--|--------------------------------------|-------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | i contind vern anen nader dater anter dater anter anter anter anter anter anter anter inde inter inde |
| 921 PENN AVE | | 921 PENN AVENUE | | |
| PITTSBURGH P | A 152 2 2 | PITTSBURGH PA 15222 | | DO NOT WRITE IN THIS SPACE |
| [| | | | 3. Date Incorporated or Qualified |
| | | | | 02/06/1997 |
| | lace of Business | 2a. Malling Address | ^ | 4. FEI Number Applied Fo |
| | Sixth Auc | 26 300 SIXHA | Huc | 25-1560212 Not Application |
| Suite, Apt. | | Suite, Apt. #, etc. | \ | 5. Certificate of Status Desired \$8.75 Additions |
| City & Stat | | City & State | Urpt | Fee Kedulted |
| 23 Pitts | wah PA | 28 Pullshurah | DΛ | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip 201 1 1 1 1 3 2 3 7 7 9 1 1 | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 150 | | - hm 15 44 4 h | 30 USA | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Curre | | L | 10. Name and Address of New Registered Agent |
| | PORATION SERVICE COMPANY | | 81 Name | |
| 1201 HAVE STREET | | | | Address (P.O. Box Number Is Not Acceptable) |
| Tali | AHA8SEE FL 32301-2525 | | | |
| | ** | | 83 | |
| | | | 84 City | 85 Zip Code |
| | · . | | | FL S E S E S E S E S E S E S E S E S E S E E |
| office or | t to the provisions of sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was a | ithorized by the corpo | proration submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | · · · · · · · · · · · · · · · · · · · | | | |
| | Signature, typed or printed name of registered age | · · _ · _ · · · · · · · · · · · · | E: Registered Agent signature | |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 |
| TITLE | HORN, JERRY D | L DELETE | 1.1 TITLE | Change Add |
| NAME | 239 CHERRYDALE DRIVE | | 1.2 NAME | |
| STREET ADDRESS | PITTSBURGH PA | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | p | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | |
| NAME | WATTS, WILLIAM E | [_] DELETE | 2.2 NAME | Change Add |
| STREET ADDRESS | 119 WITHEROW ROAD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEWICKLEY PA | | 2.4 CITY-ST-ZIP | |
| TITLE | VID | DELETE | 3.1 TITLE | Change Add |
| NAME | KOZLOWSKI, EDWIN J | L., DELGIE | 3.2 NAME | □ Claife □ Aod |
| STREET ADDRESS | 39 STANCEY ROAD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA | | 3.4 CITY-ST-ZIP | |
| TITLE | VSD | DELETE | 4.1 TITLE | Change Add |
| NAME | SANDER, JAMES M | [| 4.2 NAME | Onunga Not |
| STREET ADDRESS | 1417 TERRACE DRIVE | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA | | 4.4 CITY-ST-ZIP | |
| TITLE | V | DELETE | 5.1 TITLE | Change Add |
| NAME | COOPER, RUSSELL L | | 5.2 NAME | |
| STREET ADDRESS | 1920 LAKE MARSHALL DRIVE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA | , | 5.4 CITY-ST-ZIP | |
| TITLE | AS | DELETE | 6.1 TITLE | Assistant Sccretary Change Xuadd |
| NAME | FRIZLEN, WILLIAM D | / ` | 6.2 NAME | Harmo, Ronald M. |
| STREET ADDRESS | 792 SCRUBGRASS ROAD | | 6.3 STREET ADDRESS | 300 Sineth Auc |
| CITY-ST-ZIP | MT LEBANON PA | | 6.4 CITY-ST-ZIP | PHISDURAN PA 15222 |
| 14. I hereby ce | ertify that the information supplied with | this filing does not qualify for the | e exemption stated in | section 119.07(3)(i), Florida Statutes. I further certify that the Information |

Indicated on this annual report or supplies whith his ming over not qualify for the exemption is section. I sucressly, Fordia Statutes, I further certify that the Information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 changes, or on an attachment with an address.

(412) 288 -4/1/02