

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90094 018 \*\*\*150.00

**DOCUMENT # F97000001387**

1. Corporation Name

**GENERAL NUTRITION GOVERNMENT SERVICES, INC.**



Principal Place of Business

Mailing Address

**300 SIXTH AVENUE  
ATTN: TAX DEPT  
PITTSBURGH PA 15222  
US**

**300 SIXTH AVENUE  
ATTN: TAX DEPT  
PITTSBURGH PA 15222  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/18/1997**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

4. FEI Number

**25-1797015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE  
NAME **HORN, JERRY D**  
STREET ADDRESS **239 CHERRYDALE DR.**  
CITY-ST-ZIP **PITTSBURGH PA 15220**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PCEO** ☐ DELETE  
NAME **WATTS, WILLIAM E**  
STREET ADDRESS **119 WITHEROW RD.**  
CITY-ST-ZIP **SEWICKLEY PA 15143**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VT** ☐ DELETE  
NAME **KOZLOWSKI, EDWIN J**  
STREET ADDRESS **39 STANCEY RD.**  
CITY-ST-ZIP **PITTSBURGH PA 15228**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **VS** ☐ DELETE  
NAME **SANDER, JAMES M**  
STREET ADDRESS **1417 TERRACE DR.**  
CITY-ST-ZIP **PITTSBURGH PA 15228**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **COOPER, RUSSELL L**  
STREET ADDRESS **1920 LAKE MARSHALL DR.**  
CITY-ST-ZIP **PITTSBURGH PA 15044**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE  
NAME **MARMO, RONALD M**  
STREET ADDRESS **300 SIXTH AVENUE**  
CITY-ST-ZIP **PITTSBURGH PA 15222**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

**SIGNATURE:** *Ronald Marmo* **REQUIRED** *Ronald Marmo Asst Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)