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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90016 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002959 (1)

1. Corporation Name

CNG POWER SERVICES CORPORATION

Principal Place of Business 625 LIBERTY AVE CNG TOWER PITTSBURGH, PA 15222-3199	Mailing Address 625 LIBERTY AVE CNG TOWER PITTSBURGH, PA 15222-3199
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified JUNE 6, 1997	4. FEI Number 25-1756567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax.		Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY - ST - ZIP	PD PETROWSKI, J.H. ONE PARK RIDGE CENTER PITTSBURGH, PA 15244-0746 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DIRECTOR SABLE, ROBERT M. 625 LIBERTY AVE., CNG TOWER PITTSBURGH, PA 15222-3199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DODD, T. E. ONE PARK RIDGE CENTER PITTSBURGH, PA 15244-0746 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VICE PRESIDENT 625 LIBERTY AVE., CNG TOWER PITTSBURGH, PA 15222-3199 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER STUVER, D. K. ONE PARK RIDGE CENTER PITTSBURGH, PA 15244-0746 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREASURER WHITLINGER, M. M. 625 LIBERTY AVE., CNG TOWER PITTSBURGH, PA 15222-3199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY CRITTENDEN, J. A. ONE PARK RIDGE CENTER PITTSBURGH, PA 15244-0746 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SECRETARY MARKS, III, E. J. 625 LIBERTY AVE., CNG TOWER PITTSBURGH, PA 15222-3199 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT TREASURER WAHL, III, W.F. ONE PARK RIDGE CENTER PITTSBURGH, PA 15244-0746 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 LIBERTY AVE., CNG TOWER PITTSBURGH, PA 15222-3199
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **WILLIAM F WAHL, III** **03/31/99** **(412) 690-1364** ☐ ☐

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #