

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90031 042 ***150.00

DOCUMENT # F97000004019

1. Corporation Name

IHC/SANTA MARIA CORPORATION

Principal Place of Business

680 ANDERSEN DR.
FOSTER PLAZA TEN
PITTSBURGH PA 15220

Mailing Address

680 ANDERSEN DR.
FOSTER PLAZA TEN
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

23-2913816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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 ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PARRINGTON, W. THOMAS JR.	
STREET ADDRESS	680 ANDERSEN DR., FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	RICHARDSON, J. WILLIAM	
STREET ADDRESS	680 ANDERSEN DR., FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DROZ, MARVIN I	
STREET ADDRESS	680 ANDERSEN DR., FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HUDAK, TIMOTHY Q	
STREET ADDRESS	680 ANDERSEN DR., FOSTER PLAZA TEN	
CITY-ST-ZIP	PITTSBURGH PA 15220	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Richardson 4/5/99 412-937-0600

CR2E034 (11/98)