

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90030 017 \*\*\*\*\*8.75

04-26-1999 90212 035 \*\*\*141.25

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000000594**

1. Corporation Name

**PENNS LANDING SUPPLY COMPANY**

Principal Place of Business

4545 CAMPBELLS RUN RD.  
PITTSBURGH PA 15205

Mailing Address

4545 CAMPBELLS RUN RD.  
PITTSBURGH PA 15205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

25-1427519

Applied For

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	PSD	<input type="checkbox"/> DELETE
NAME	WYATT, RICHARD B	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WYATT, AARON W	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE	V	<input type="checkbox"/> DELETE
NAME	EPISCOPO, FREDERICK T	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GROSJEAN, JAMES	
STREET ADDRESS	4545 CAMPBELLS RUN RD.	
CITY-ST-ZIP	PITTSBURGH PA 15205	

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:

*Richard B. Wyatt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD B. WYATT**  
 PRESIDENT

1/5/99

412-787-5800

Date

Daytime Phone #

CR2E034 (1/98)