2004 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # F98000002076** 04 DEC 13 PH 3: 39 WILSON SQUARE INVESTMENT CORPORATION Principal Place of Business Mailing Address **437 GRANT STREET 437 GRANT STREET** 1550 FRICK BUILDING 1550 FRICK BUILDING PITTSBURGH, PA 15219 PITTSBURGH, PA 15219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10262004 REIN-P CR2E098 (6/04) Applied For City & State City & State 4. FEL Number 25-1807599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) ... South ference Cooker 1.0. Sc In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. After January 1, 2005, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition PΩ Change TITLE Delete TITI F 500043365125 REILLY, BERNARD T NAME NAME STREET ADDRESS 1600 FRICK BUILDING STREET ADDRESS 12/13/04--01058--002 CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F LARKIN, BLAISE V NAME NAME STREET ADDRESS 1600 FRICK BUILDING STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE PIVIROTTO, BRYAN E NAME NAME STREET ADDRESS 1600 FRICK BUILDING STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS in asympto CITY-ST-ZIP CITY-ST-ZIP all matters and many than the 12. 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 report or supplemental 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 10 or Block 11 if 12-7-04 SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF Daytime Phone

12/1300