

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

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90011 033 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H10861**

1. Corporation Name

**PNC COMMERCIAL CORP.**

Principal Place of Business 201 S. Orange Avenue Suite 750 Orlando, Florida 32801	Mailing Address 249 5th Ave., 27th Fl Corp. Tax Dept. P1-POPP-27-3 Pittsburgh, PA 15222
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/05/1984

4. FEI Number 59-2459798	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
 1200 South Pine Island Road  
 Plantation, Florida 33324

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	President	<input type="checkbox"/> DELETE
NAME	Meighen, James W.	
STREET ADDRESS	One PNC Plaza - Corp. Tax	
CITY - ST - ZIP	Pittsburgh, PA 15222-2707	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Robbins, Bruce E.	
STREET ADDRESS	One PNC Plaza - Corp. Tax	
CITY - ST - ZIP	Pittsburgh, PA 15222-2707	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Michael, Ralph S., III	
STREET ADDRESS	One PNC Plaza - Corp. Tax	
CITY - ST - ZIP	Pittsburgh, PA 15222-2707	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Strome, William F.	
STREET ADDRESS	One PNC Plaza - Corp. Tax	
CITY - ST - ZIP	Pittsburgh, PA 15222-2707	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Haunschild, Robert L.	
STREET ADDRESS	One PNC Plaza - Corp. Tax	
CITY - ST - ZIP	Pittsburgh, PA 15222-2707	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Evans, Lynn Fox	
STREET ADDRESS	One PNC Plaza - Corp. Tax	
CITY - ST - ZIP	Pittsburgh, PA 15222-2707	

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	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marrison, Dale F.
4.3 STREET ADDRESS	One PNC Plaza - Corp. Tax
4.4 CITY - ST - ZIP	Pittsburgh, PA 15222-2707
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #