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

COF ANNU	FI		3. Morthar ry of State	n	FILED 98 APR -6 PM 4: 03			
DOCUI 1. Corporatio OCEAN	10	(1)			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Plac C/O EMC 300 8TH FLOOR	e of Business O BTH AVENUE	Mailing Ai C/O EMC 8TH FLO						
PITTSBURGH US	PA 15222	US	PITTSBURGH PA 15222 US 2a. Mailing Address			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1984 4. FEI Number Applied For		
21 PHILOSPAIR	INCO OF DOSINESS	<u> </u>	26			58-1582810 Not Applied For		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5 Contificate of Status Posited 38.75 Additional		
City & State		27				Fee Required		
City & State	U	28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country				у	This corporation owes or has paid the current year Intangible		
24	25	29				Personal Properly Tax due June 30. Yes No		
דע	Name and Address of Cur E PRENTICE-HALL CORPORA			8.	Name	10. Name and Address of New Registered Agent		
	e Prenice-nall Conform DI HAYS STREET	IIION SISIEM II	10.	8:	Street	et Address (P.O. Box Number is Not Acceptable)		
,_,						et Address (F.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301					3			
				84	City	FL 85 Zip Code		
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the of	0502 and 607.1508 tate of Florida. Such oligations of, Section	, Florida Statut n change was a n 607.0505, Flo	es, the abor authorized b orida Statute	/e-named by the cor es.	od corporation submits this statement for the purpose of changing its registered or		
SIGNATURE								
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	ile (NOT	E: Registered A	gent signature	ure required when reinstaining) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	KNUTSON, ROBERT B		DELETE	1.1 TITLE		Change Addition		
NAME								
STREET ADDRESS	300 SIXTH AVE PITTSBURGH PA				1 ADDRESS	S		
CITY-ST-7IP TITLE	V		1.4 C/I' DELETE 21 TITE		ST-7IP	☐ Change ☐ Addition		
NAME	CYPHER, ROBERT		2.21			- The state of the		
STREET ADDRESS	ORESS 300 SIXTH AVE.		a		1 ADDRESS	s		
CITY-ST-ZIP	PITTSBURGH PA		· · · · · · · · · · · · · · · · · · ·		-ST - ZIP			
TITLE NAME	1100000 1110110		3 1 TITLE 3.2 NAME		Change Addition			
STREET ADDRESS				1 ADDRESS	1000024800814			
CITY-ST-ZIP	DITTORIJONI DA		3.4. CITY					
TITLE	S DELETE		4.1 TITLE		Charige Addition			
NAME	STEINBERG, FREDERICK W		4. 2 NAMI					
STREET ADDRESS CITY-ST-ZIP	DITTACHED OF DA		4.3 STREE 4.4 CITY-	T ADDRESS	S			
TITLE	1	DELETE		5.1 TITLE	31.DL	Change Addition		
NAME	MCDOWELL, ROBERT T 5.		5.2 NAME					
STREET ADDRESS			5.3 STREE	I ADDRESS	3			
CITY-ST-7IP	POTTSBURGH PA			5 4 CITY-	ST-7IP	Assistant Secretary Change X Addition		
TITLE NAME			6.1 TITLE 6.2 NAME		Assistant Secretary Deborah A. Lindberg			
STREET ADDRESS	ALL OR ANY ATTOPPET AND DI COR			4	T ADDRESS			
						Pittsburgh, PA 15222 ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
14. I hereby of indicated	pertify that the information supplied on this annual report or supplement	d with this filing do ontal annual report	es not qualify for	or the exem	ption state	ated in Section 119.07(3)(i), Florida Statulos. I further certify that the information fignature shall have the same legal effect as if made under path; that I am an		
	//	1 (/	empowered to address	execute this	/report as	regnature shall have the same legal effect as if made under oath, that I am an as required by Chapter 607. Florida Statutes; and that my name appears in		
SIGNAT	URE: 1/~	ション・シン	マロシイグ	1/NN		/ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・		



ACCOUNT NO. : 072100000032

REFERENCE :

769755

4306349

COST LIMIT :

\$ 150.00

ORDER DATE : April 6, 1998

ORDER TIME : 1:28 PM

ORDER NO. : 769755-025

CUSTOMER NO: 4306349

CUSTOMER: Nancy Koerbel, Paralegal Kirkpatrick & Lockhart

1500 Oliver Bldg

Pittsburgh, PA 15222

ANNUAL REPORT FILING

NAME: OCEAN WORLD, INC.

XX _ ANNUAL REPORT	ထ္အ	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	元	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	े इ	
CONTACT PERSON: Deborah Schroder	1: 52	[

EXAMINER'S INITIALS: