

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H43234 (4)
1. Corporation Name
EISENHOWER BOULEVARD ASSOCIATES, INC.

Principal Place of Business
C/O EMC 300 6TH AVENUE
8TH FLOOR
PITTSBURGH PA 15222
US

Mailing Address
C/O EMC 6TH AVENUE
8TH FLOOR
PITTSBURGH PA 15222
US

FILED

98 APR -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/14/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2700728	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAULDINE, DAVID J			1.2 NAME			
STREET ADDRESS	1799 S.E. 17TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINBERG, FREDERICK W			2.2 NAME	400002480084--S		
STREET ADDRESS	300 SIXTH AVE, 8TH FLOOR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CYPHER, ROBERT			3.2 NAME			
STREET ADDRESS	300 SIXTH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			3.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEINGART, GREGORY A			4.2 NAME	Assistant Secretary		
STREET ADDRESS	600 GRANT STREET, 42ND FLOOR			4.3 STREET ADDRESS	Deborah A. Lindberg		
CITY-ST-ZIP	PITTSBURGH PA			4.4 CITY-ST-ZIP	1500 Oliver Building		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDOWELL, ROBERT T			5.2 NAME			
STREET ADDRESS	300 SIXTH AVE, 8TH FLOOR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRY, GEORGE L			6.2 NAME			
STREET ADDRESS	300 6TH AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			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.

SIGNATURE: _____

3/26/98

(412)355-6236

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 769755 4306349

AUTHORIZATION : *Patricia Pizuth*

COST LIMIT : \$ 150.00

ORDER DATE : April 6, 1998

ORDER TIME : 1:29 PM

ORDER NO. : 769755-030

CUSTOMER NO: 4306349

CUSTOMER: Nancy Koerbel, Paralegal
Kirkpatrick & Lockhart
1500 Oliver Bldg

Pittsburgh, PA 15222

ANNUAL REPORT FILING

NAME: EISENHOWER BOULEVARD
ASSOCIATES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

RECEIVED
98 APR -6 PM 1:52