


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

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Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J01257 (1)</b> 1. Corporation Name <b>ALTEGRA CREDIT COMPANY</b>			
Principal Place of Business <b>116 ALLEGHENY CENTER MALL PITTSBURGH PA 15212 US</b>		Mailing Address <b>116 ALLEGHENY CENTER MALL PITTSBURGH PA 15212-5333 US</b>	
2. Principal Place of Business <b>21 150 Allegheny Center Mall</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 150 Allegheny Center Mall</b> Suite, Apt. #, etc.	
<b>22</b> City & State <b>Pittsburgh, PA</b>		<b>27</b> City & State <b>Pittsburgh, PA</b>	
<b>23</b> Zip <b>15212</b>		<b>28</b> Zip <b>15212</b>	
<b>24</b> Country <b>USA</b>		<b>29</b> Country <b>USA</b>	
3. Date Incorporated or Qualified <b>02/24/1986</b>		3a. Date of Last Report <b>04/21/1996</b>	
4. FEI Number <b>59-2645397</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BLANTON, EDWIN F ESQ. 825 THOMASVILLE RD. TALLAHASSEE FL 32303</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS MINOR, LAIRD 116 ALLEGHENY CENTER MALL PITTSBURGH PA 15212 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V Nancy S. Weber 150 Allegheny Center Mall Pittsburgh, PA 15212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERCER, ROBERT C JR 116 ALLEGHENY CENTER MALL PITTSBURGH PA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Robert C. Mercer Jr. 150 Allegheny Center Mall Pittsburgh, PA 15212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT LULICH, TIMOTHY C 116 ALLEGHENY CENTER MALL PITTSBURGH PA 15212 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SVT Timothy C. Lulich 150 Allegheny Center Mall Pittsburgh, PA 15212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV WADE, KAREN E 116 ALLEGHENY CENTER MALL PITTSBURGH PA 15212 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	EV Karen E. Wade 150 Allegheny Center Mall Pittsburgh, PA 15212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MINOR, LAIRD 116 ALLEGHENY CENTER MALL PITTSBURGH PA 15212 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S Joan Feldman 20 Stanwix Street Pittsburgh, PA 15222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT LULICH, TIMOTHY C. 300 FOURTH AVE. PITTSBURGH PA 15278 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Thomas W. Golonski Four PPG Place Pittsburgh, PA 15222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 included 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 in an attachment with an address.			
SIGNATURE: <b>Nancy S. Weber, Vice President</b>		2/18/97 412-442-5332	

CR2E034 (9/96)