

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M82350 (3)

1. Corporation Name

LUCIEN LAND COMPANY, INC.



Principal Place of Business

ONE MELLON BANK CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001

Mailing Address

ONE MELLON BANK CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001

3. Date Incorporated or Qualified

05/24/1988

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

25-1576030

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERIVE COMPANY  
FOWLER & CLARK, P.A.  
502 EAST PARK AVENUE  
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

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 DCP ☐ DELETE  
NAME HOLL, RICHARD L  
STREET ADDRESS 4850 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA

TITLE VT ☒ DELETE  
NAME GEIS, KATHLEEN J  
STREET ADDRESS 2945 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA

TITLE AT ☐ DELETE  
NAME LANSINGER, MARK P.  
STREET ADDRESS 772 ONE MELLON BANK CTR  
CITY-ST-ZIP PITTSBURGH PA

TITLE S ☐ DELETE  
NAME WHITEMAN, BARBARA J  
STREET ADDRESS 1820 ONE MELLON BANK CENTER  
CITY-ST-ZIP PITTSBURGH PA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☐ Change ☒ Addition  
1.2 NAME John F. Brandstatter Brandstatter, J. F.  
1.3 STREET ADDRESS One Mellon Bank Center  
1.4 CITY-ST-ZIP Pittsburgh, PA 15258-0001

2.1 TITLE T. ☐ Change ☒ Addition  
2.2 NAME S. Taylor, S. Lynn  
2.3 STREET ADDRESS 2945 One Mellon Bank Center  
2.4 CITY-ST-ZIP Pittsburgh, PA 15258-0001

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)