FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05134 (2)

1. Corporation Name

THE NATIONAL CENTER FOR FINANCIAL SERVICES TRAIN ING, INC.

Principal Place of Business	Mailing Address
300 SIXTH AVENUE EIGHTH FLOOR PITTSBURGH PA 15222	300 SIXTH AVE. PITTSBURGH PA 15222 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1985
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o EMC, 300 Sixth Avenue	26 c/o EMC, 300 Sixth Avenue
Suite, Apt. #, etc. 22 8th Floor	Suite, Apt. #, etc. 27 8th Floor
City & State 23 Pittsburgh, PA	City & State 28 Pittsburgh, PA
Zip / Country 24 15222 / 25 USA	Zip / Country 29 15222 / 30 USA

4. FEI Number: 58-1604206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~D	11 TITLE	D	☒ Change ☐ Addition
NAME	GREENSTONE, ALBERT	12 NAME		
STREET ADDRESS	3414 PEACHTREE RD., N.E.	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	AS	21 TITLE		☐ Change ☐ Addition
NAME	COULSON, MARK C.	22 NAME		
STREET ADDRESS	600 GRANT ST., 42ND FL	23 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	24 CITY-ST-ZIP		
TITLE	~~TAS~~x	31 TITLE	T	☒ Change ☐ Addition
NAME	~~MCDOWELL, ROBERT E.~~	32 NAME	C. Thomas Burkett	
STREET ADDRESS	300 6 AVE	33 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	34 CITY-ST-ZIP		
TITLE	~~V~~Px	41 TITLE	PCOO	☒ Change ☐ Addition
NAME	GRUBER, NANCY L.	42 NAME		
STREET ADDRESS	3414 PEACHTREE ROAD N.E.	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	DCEO	☒ Change ☐ Addition
NAME	KNUTSON, ROBERT B.	52 NAME		
STREET ADDRESS	300 SIXTH AVE. 8TH FLOOR	53 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DRUCKER, MIRYAM L.	62 NAME		
STREET ADDRESS	300 6 AVE	63 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	64 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)(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: _____ Assistant Secretary 4/4/95 (412) 566-5966
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Mark C. Coulson

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