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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P05134 (2)
1. Corporation Name
THE NATIONAL CENTER FOR FINANCIAL SERVICES TRAIN
ING, INC.

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

Mailing Address
C/O EMC 300 6TH AVENUE
8TH FLOOR
PITTSBURG PA 15222
US

FILED

98 APR -6 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/27/1985

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

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

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 D [] DELETE

NAME GREENSTONE, ALBERT
STREET ADDRESS 3414 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA GA

TITLE AS [X] DELETE

NAME WEINGART, GREGORY A
STREET ADDRESS 600 GRANT STREET, 42ND FLOOR
CITY-ST-ZIP PITTSBURGH PA

TITLE T [] DELETE

NAME MCDOWELL, ROBERT T
STREET ADDRESS 300 SIXTH AVE 8TH FLOOR
CITY-ST-ZIP PITTSBURGH PA

TITLE P [] DELETE

NAME HODGES, MARK
STREET ADDRESS 300 SIXTH AVE 8TH FLOOR
CITY-ST-ZIP PITTSBURGH PA

TITLE VS [] DELETE

NAME STEINBERG, FREDERICK W
STREET ADDRESS 300 SIXTH AVE 8TH FLOOR
CITY-ST-ZIP PITTSBURGH PA

TITLE D [] DELETE

NAME DRUCKER, MIRYAM L.
STREET ADDRESS 300 8 AVE
CITY-ST-ZIP PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Assistant Secretary [] Change [X] Addition

2.2 NAME Deborah A. Lindberg

2.3 STREET ADDRESS 1500 Oliver Building

2.4 CITY-ST-ZIP Pittsburgh, PA 15222

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 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

[Signature]

3/26/98

1412355-6236

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 769755 4306349

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 150..0

ORDER DATE : April 6, 1998

ORDER TIME : 1:25 PM

ORDER NO. : 769755-015

CUSTOMER NO: 4306349

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

Pittsburgh, PA 15222

ANNUAL REPORT FILING

NAME: THE NATIONAL CENTER FOR
FINANCIAL SERVICES TRAINING,
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: _____

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