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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05134

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

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
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

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 ☐ DELETE

NAME LINDBERG, DEBORAH A
STREET ADDRESS 1500 OLIVER BUILDING
CITY-ST-ZIP PITTSBURGH PA 15222

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 6 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah A. Lindberg 1/20/99 (412) 355-6236

Date

Daytime Phone #

CR2E034 (11/98)