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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P05539 (2)

1. Corporation Name
MCKINNEY-RINGHAM CORPORATION

Principal Place of Business

1717 PENN AVENUE
SUITE 5016
PITTSBURGH PA 15221
US

Mailing Address

1717 PENN AVENUE
SUITE 5016
PITTSBURGH PA 15221-2695
US

3. Date Incorporated or Qualified
04/02/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 One Monroeville Center

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Monroeville PA

Zip

24 15146

Country

25 USA

2a. Mailing Address

26 One Monroeville Center

Suite, Apt. #, etc.

27 Suite 900

City & State

28 Monroeville PA

Zip

29 15146

Country

30 USA

4. FEI Number

25-1493731

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 PD
NAME RINGHAM, WILLIAM O.
STREET ADDRESS 101 SHANNON DRIVE
CITY-ST-ZIP PITTSBURGH PA

☐ DELETE

TITLE SVD
NAME MCKINNEY, J. DONALD
STREET ADDRESS 1717 PENN AVE STE 5014
CITY-ST-ZIP PITTSBURGH PA

☐ DELETE

TITLE T
NAME PASQUALE, JOSEPH L.
STREET ADDRESS 1705 WILSON ROAD
CITY-ST-ZIP PITTSBURGH PA

☐ DELETE

TITLE S
NAME DVORSKY, MICHAEL M.
STREET ADDRESS 1717 PENN AVE.
CITY-ST-ZIP PITTSBURGH PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 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:

Michael M. Dvorsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

(412) 372-1746

Daytime Phone

0007849

CR2E034 (9/96)