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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90061 041 ***158.75

DOCUMENT # P11390

1. Corporation Name
RPS, INC.

Principal Place of Business	Mailing Address
1000 RPS DR PO BOX 108 PITTSBURGH PA 15230-0108 US	100 RPS DR PO BOX 108 PITTSBURGH PA 15230-0108 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 RPS DRIVE Suite, Apt. #, etc. 22 MOON TOWNSHIP PA City & State 23 15108 Zip 24 Country 25 U.S.	2a. Mailing Address 26 1000 RPS DRIVE Suite, Apt. #, etc. 27 City & State 28 MOON TOWNSHIP, PA Zip 29 15108 Country 30 U.S.

3. Date Incorporated or Qualifed: 09/10/1986

4. FEI Number: 34-1441019 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	VCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOFMANN, IVAN T		1.2 NAME	
STREET ADDRESS	1000 RPS DR, P.O. BOX 108		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DANIEL J		2.2 NAME	
STREET ADDRESS	P.O. BOX 108, 1000 RPS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA 15230		2.4 CITY-ST-ZIP	
TITLE	VFA	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TROMBETTA, RONALD R		3.2 NAME	
STREET ADDRESS	141 N JAMESTOWN ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108		3.4 CITY-ST-ZIP	
TITLE	VASG	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, STEVEN H		4.2 NAME	
STREET ADDRESS	517 SHADY AVE #32		4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURG PA 15206		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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] [illegible] 1/11/99 (412) 262-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #