

4-6-98 B-4219 C-
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15381 (7)
1. Corporation Name
BURT HILL KOSAR RITTELMANN ASSOCIATES, INC.

Principal Place of Business
400 MORGAN CENTER
BUTLER PA 16001

Mailing Address
400 MORGAN CENTER
BUTLER PA 16001



DO NOT WRITE IN THIS SPACE


2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/29/1987		4. FEI Number 25-1158495		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent POLLOCK, LYNDON T. 13099 SOUTH CLEVELAND AVENUE, SUITE 500 FT. MYERS FL 33907				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCANLON, PAUL W.	1.2 NAME	
STREET ADDRESS	400 MORGAN CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUTLER PA	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSAR, JOHN E.	2.2 NAME	
STREET ADDRESS	400 MORGAN CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUTLER PA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTELMANN, P. RICHARD	3.2 NAME	
STREET ADDRESS	400 MORGAN CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUTLER PA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, PETER H.	4.2 NAME	
STREET ADDRESS	650 SMITHFIELD STREET, STE. 2800	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, LOIS M.	5.2 NAME	
STREET ADDRESS	400 MORGAN CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUTLER PA	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, FRANK G.	6.2 NAME	
STREET ADDRESS	650 SMITHFIELD STREET, STE. 2800	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	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:  John E. Kosar 3/30/98 (724) 285-4761

CR2E034 (10/97)