

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 21 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 # **P22730** (6)

1. Corporation Name  
**PERR MANAGEMENT COMPANY, INC.**



Principal Place of Business: **SIX PPG PLACE SUITE 1110 PITTSBURGH PA 15222**

Mailing Address: **SIX PPG PLACE SUITE 1110 PITTSBURGH PA 15222-5400**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>650 Alpha Drive</b>	26. <b>650 Alpha Dr.</b>	<b>01/26/1989</b>	<b>04/26/1996</b>
22. <b>Pittsburgh, PA</b>	27. <b>Pittsburgh, PA</b>	4. FEI Number	Applied For
23. <b>15238</b> <b>Allegany</b>	28. <b>15238</b> <b>Allegany</b>	<b>25-1453913</b>	<input type="checkbox"/> Not Applicable
24. <b>15238</b>	29. <b>15238</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. <b>Allegany</b>	30. <b>Allegany</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERR, JOEL S.</b>	1.2 NAME	<b>Perr, Joels</b>
STREET ADDRESS	<b>6 PPG PLACE, STE. 1110</b>	1.3 STREET ADDRESS	<b>650 Alpha Dr.</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	1.4 CITY-ST-ZIP	<b>Pittsburgh, PA 15238</b>
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERR, CATHLEEN F.</b>	2.2 NAME	<b>Perr, Cathleen F</b>
STREET ADDRESS	<b>6 PPG PLACE, STE. 1110</b>	2.3 STREET ADDRESS	<b>650 Alpha Dr</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	2.4 CITY-ST-ZIP	<b>Pittsburgh, PA 15238</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (changed, or on an attachment with an address).

SIGNATURE: Joel S. Perr **JOEL S. PERR** 3/12/97 412 963-1933

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)