


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90030 029 ***150.00

DOCUMENT# P24323	
1. Entity Name LAPLACE LAND COMPANY	

Principal Place of Business ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258-0001	Mailing Address ONE MELLON CENTER ROOM 772 PITTSBURGH PA 15258-0001
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34013772



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 74-2374589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME THOMPSON, J. DAVID	
STREET ADDRESS 1 MELLON CENTER, ROOM 1535	
CITY-ST-ZIP PITTSBURGH PA 15258-0001	
TITLE VP	<input type="checkbox"/> Delete
NAME LARIMER, ALBERT N	
STREET ADDRESS 1 MELLON CENTER, ROOM 5325	
CITY-ST-ZIP PITTSBURGH FL 15258-0001	
TITLE SEC	<input checked="" type="checkbox"/> Delete
NAME HEISER, JOSEPH P	
STREET ADDRESS 1 MELLON CENTER, ROOM 4826	
CITY-ST-ZIP PITTSBURGH PA 15258-0001	
TITLE AT	<input type="checkbox"/> Delete
NAME HUBER, JOANNE S	
STREET ADDRESS 1 MELLON CENTER, ROOM 772	
CITY-ST-ZIP PITTSBURGH PA 15258-0001	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Christopher Shannon	
STREET ADDRESS 965 One Mellon Ctr.	
CITY-ST-ZIP Pittsburgh, PA 15258-0001	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME One Mellon Center, Room 410	
STREET ADDRESS Pittsburgh, PA 15258-0001	
CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Tamara A. Long	
STREET ADDRESS One Mellon Ctr, Room 4826	
CITY-ST-ZIP Pittsburgh, PA 15258-0001	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME One Mellon Center, Room 772	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joanne S. Huber, AT 2/3/04 412-234-1334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #