

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

FILED

Feb 18 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 # P24568 (8) 1. Corporation Name ULTIMAR DEVELOPMENT CORPORATION			
Principal Place of Business C/O USX CORPORATION 600 GRANT STREET ROOM 1538 PITTSBURGH PA 15219-4776		Mailing Address C/O USX CORPORATION 600 GRANT STREET ROOM 1538 PITTSBURGH PA 15219-2703	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/31/1989		3a. Date of Last Report 04/02/1996	
4. FEI Number 52-1644193		Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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			
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	PD FERRARA, ALBERT E. J		
CITY - ST - ZIP	600 GRANT STREET PITTSBURGH PA		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	VPD HOWARD, THOMAS J.		
CITY - ST - ZIP	6200 E. J. OLIVER BLVD. FAIRFIELD AL		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	TD STRUEBING, STEPHEN K.		
CITY - ST - ZIP	600 GRANT STREET PITTSBURGH PA		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	CD PFIFFNER, HAROLD J.		
CITY - ST - ZIP	600 GRANT STREET PITTSBURGH PA		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	SD STANTON, ROBERT M.		
CITY - ST - ZIP	600 GRANT STREET PITTSBURGH PA		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP		
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Craig D. Mallick (Printed) Mallick 2/13/97 412/433-2882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007221

CR2E034 (9/96)