FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:00

DOCUMENT # **P25638** **(8)**

1. Corporation Name
NHM CREATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
4415 FIFTH AVENUE **PITTSBURGH PA 15213**	**4415 FIFTH AVENUE** **PITTSBURGH PA 15213**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/16/1989**	3a. Date of Last Report: **04/19/1994**
4. FEI Number: **25-1571235**	☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANSBACHER, BARRY B. **4215 SOUTHPOINT BOULEVARD, SUITE 100** **JACKSONVILLE FL 32216**	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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	IRWIN, RICHARD	12 NAME	
STREET ADDRESS	4415 5TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	BALSINGER, WILLIAM E.	22 NAME	
STREET ADDRESS	4415 5TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	GORDON, SCOTT	32 NAME	Delete
STREET ADDRESS	4415 5TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	34 CITY-ST-ZIP	
TITLE	VPS	41 TITLE	☐ Change ☐ Addition
NAME	MASON, MARTIN	42 NAME	
STREET ADDRESS	4415 5TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BELLINO, KATHLEEN	52 NAME	
STREET ADDRESS	4415 5TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CONNER, DIANE G. (ASST.)	62 NAME	
STREET ADDRESS	4415 5TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martin Mason Martin Mason 3/13/95 412 578 7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001907 CP