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95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28118 (8)
1. Corporation Name CONTRAVES INC.

Principal Place of Business 615 EPSILON DR PITTSBURGH PA 15238-2808	Mailing Address 615 EPSILON DR PITTSBURGH PA 15238-2808
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/09/1990	3a. Date of Last Report 04/27/1994
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 25-1254333	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

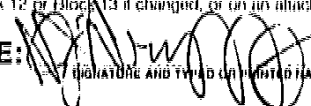
9. Name and Address of Current Registered Agent WOLF, JOAN 5902 BRECKENRIDGE PARKWAY TAMPA FL 33610-4233	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 on printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DORKHOM, GEORGE H	1.2 NAME	
STREET ADDRESS	2141 HAYMAKER RD	1.3 STREET ADDRESS	300001478143
CITY, ST, ZIP	MONROEVILLE PA	1.4 CITY, ST, ZIP	-05/08/95--01017--005
TITLE	M	2.1 TITLE	****200.00 ****200.00
NAME	BALDINI, NICKI	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	10191 SUDBERRY DR	2.3 STREET ADDRESS	
CITY, ST, ZIP	WEXFORD PA	2.4 CITY, ST, ZIP	
TITLE	M	3.1 TITLE	☐ Change ☐ Addition
NAME	CHARBONNEAU, ROGER	3.2 NAME	
STREET ADDRESS	8639 NORTH HINES AVE, 3810	3.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	3.4 CITY, ST, ZIP	
TITLE	M	4.1 TITLE	☐ Change ☒ Addition
NAME	COLVIN, JOSEPH	4.2 NAME	JAMES DILLON
STREET ADDRESS	717 DUNCAN AVE, 1008	4.3 STREET ADDRESS	3638 COUNTRY CLUB RD
CITY, ST, ZIP	PITTSBURGH PA	4.4 CITY, ST, ZIP	ALLENTOWN, PA, 18103
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	DRUGGS, MERRILL	5.2 NAME	
STREET ADDRESS	1031 VICTORIA PALCE	5.3 STREET ADDRESS	
CITY, ST, ZIP	GIBSONIA PA	5.4 CITY, ST, ZIP	
TITLE	V	6.1 TITLE	☐ Change ☒ Addition
NAME	JESTICE, AARON	6.2 NAME	JOSEPH ZINDO
STREET ADDRESS	1088 SAHDY AVE	6.3 STREET ADDRESS	106 BEDFORD COURT
CITY, ST, ZIP	PITTSBURGH PA	6.4 CITY, ST, ZIP	MARS, PA, 16046

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 110.07(3)(k), 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:  MERRILL J. DRUGGS - ASSISTANT SECRETARY (412) 907-7547
Signature typed on printed name of signing officer or director