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

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28118 (8)

1. Corporation Name

CONTRAVES INC.

Principal Place of Business	Mailing Address
615 EPSILON DR PITTSBURGH PA 15238-2809	615 EPSILON DR PITTSBURGH PA 15238-2809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1990
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 25-1254333 ☐ 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

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

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, Type or Print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DORKHOM, GEORGE H	12 NAME	300001478143
STREET ADDRESS	2141 HAYMAKER RD	13 STREET ADDRESS	-05/08/95--01017--005
CITY ST ZIP	MONROEVILLE PA	14 CITY ST ZIP	****200.00 ****200.00
TITLE	M	21 TITLE	☐ Change ☐ Addition
NAME	BALDINI, NICKI	22 NAME	
STREET ADDRESS	10191 SUDBERRY DR	23 STREET ADDRESS	
CITY ST ZIP	WEXFORD PA	24 CITY ST ZIP	
TITLE	M	31 TITLE	☐ Change ☐ Addition
NAME	CHARBONNEAU, ROGER	32 NAME	
STREET ADDRESS	8639 NORTH HINES AVE, 3810	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	M	41 TITLE	M ☐ Change ☒ Addition
NAME	COLVIN, JOSEPH	42 NAME	JAMES DILLON
STREET ADDRESS	717 DUNCAN AVE, 1008	43 STREET ADDRESS	3638 COUNTRY CLUB RD
CITY ST ZIP	PITTSBURGH PA	44 CITY ST ZIP	ALLENTOWN, PA. 18103
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	DRUGGS, MERRILL	52 NAME	
STREET ADDRESS	1031 VICTORIA PALCE	53 STREET ADDRESS	
CITY ST ZIP	GIBSONIA PA	54 CITY ST ZIP	
TITLE	V	61 TITLE	M ☐ Change ☒ Addition
NAME	JESTICE, AARON	62 NAME	JOSEPH ZINO
STREET ADDRESS	1088 SAHDY AVE	63 STREET ADDRESS	106 BEDFORD COURT
CITY ST ZIP	PITSSBURGH PA	64 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 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: MERRILL J. DRUGGS - ASSISTANT SECRETARY (412) 967-7567 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474627 FP