SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

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

1996 6-13-96 B-68594-C

DOCUMENT # P33440 (9)

1. Corporation Name

HOSPITAL BABY PICTURE SERVICE, INC.

Principal Place of Business	Mailing Address
459 FRANKLIN AVENUE ALIQUIPPA PA 15001	459 FRANKLIN AVENUE ALIQUIPPA PA 15001

3. Date Incorporated or Qualified: 04/05/1991
3a. Date of Last Report: 03/28/1995

2. Principal Place of Business (21): Suite, Apt # etc (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 25-1642309 ☐ 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

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE 2
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 _____ (Signature, typed or printed, of individual agent and title, if applicable) (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	PRESIDENT- DIRECTOR	☐ Change ☐ Addition
NAME	SHIFLET, GARRETT J.		12 NAME	BARBARA J. WIESENMAYER	
STREET ADDRESS	459 FRANKLIN AVENUE		13 STREET ADDRESS	9 Olde Farm Road	
CITY-ST-ZIP	ALIQUIPPA PA		14 CITY-ST-ZIP	Oxford OH 45056	
TITLE	VST	☒ DELETE	21 TITLE	VICE-PRESIDENT-DIRECTOR	☐ Change ☒ Addition
NAME	SHIFLET, GARRETT J.		22 NAME	E. C. WIESENMAYER	
STREET ADDRESS	459 FRANKLIN AVENUE		23 STREET ADDRESS	9 Olde Farm Road	
CITY-ST-ZIP	ALIQUIPPA PA		24 CITY-ST-ZIP	Oxford OH 45056	
TITLE	PD	☐ DELETE	31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	WIESENMAYER, BARBARA J.		32 NAME	CHARLES E. MATCHETT	
STREET ADDRESS	9 OLD FARM ROAD		33 STREET ADDRESS	48 W. Manilla Avenue	
CITY-ST-ZIP	OXFORD OH		34 CITY-ST-ZIP	Pittsburgh PA 15220	
TITLE		☐ DELETE	41 TITLE	TREASURER	☐ Change ☒ Addition
NAME			42 NAME	BARBARA J. WIESENMAYER	
STREET ADDRESS			43 STREET ADDRESS	9 Olde Farm Road	
CITY-ST-ZIP			44 CITY-ST-ZIP	Oxford OH 45056	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Wiesenmayer PRESIDENT 6-7-96 412-375-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA J. WIESENMAYER