

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

| | | |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR 28 PM 2: 33

DOCUMENT # P33968 (9)

1. Corporation Name
CFS SERVICE CORPORATION

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business DOLLAR BANK, FEDERAL SAVINGS BANK THREE GATEWAY CENTER PITTSBURGH PA 15222 | Mailing Address DOLLAR BANK, FEDERAL SAVINGS BANK THREE GATEWAY CENTER PITTSBURGH PA 15222 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Date Incorporated or Qualified 05/17/1991 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 34-1113503 | Applied For 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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 date of signature (NOTE: Registered Agent signature required when remaining) DATE

| 12. OFFICERS AND DIRECTORS | |
|--------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD SHELLEY, JOHN 10 EAST 3 GATEWAY CENTER PITTSBURGH PA |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V BROOKS, BERT 9 EAST 3 GATEWAY CN PITTSBURGH PA |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V DORNETTO, MARY ANNE 10 EAST, 3 GATEWAY CN. PITTSBURGH PA |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S SMAL, TAMRA A. 9 SOUTH, 3 GATEWAY CN. PITTSBURGH PA |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T DIMSHO, VICTOR 8 EAST, 3 GATEWAY CN. PITTSBURGH PA |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | AT O'MARA, SCOTT 8 NORTH, 3 GATEWAY CN. PITTSBURGH PA |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY- ST- ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY- ST- ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY- ST- ZIP | |
| 41. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | S |
| 43. STREET ADDRESS | MICHAEL O'RORKE 9 SOUTH, 3 GATEWAY CN PITTSBURGH PA 15222 |
| 44. CITY- ST- ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY- ST- ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY- ST- ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Scott G. O'Mara* **SCOTT G. O'MARA** 3/20/95 412 261 8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone No.