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FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90205 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33968

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

3. Date Incorporated or Qualified

05/17/1991

4. FEI Number

34-1113503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SHELLEY, JOHN  
STREET ADDRESS 10 EAST 3 GATEWAY CENTER  
CITY-ST-ZIP PITTSBURGH PA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME BROOKS, BERT  
STREET ADDRESS 9 EAST 3 GATEWAY CN  
CITY-ST-ZIP PITTSBURGH PA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME DORNETTO, MARY ANNE  
STREET ADDRESS 10 EAST, 3 GATEWAY CN.  
CITY-ST-ZIP PITTSBURGH PA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME MESSNER, ROBERT T  
STREET ADDRESS 9 SOUTH 3 GATEWAY CN  
CITY-ST-ZIP PITTSBURGH PA 15222

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME DIMSHO, VICTOR  
STREET ADDRESS 8 EAST, 3 GATEWAY CN.  
CITY-ST-ZIP PITTSBURGH PA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AT ☐ DELETE

NAME JURCIC, JAMES T  
STREET ADDRESS 8 N, 3 GATEWAY CTR  
CITY-ST-ZIP PITTSBURGH PA

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *James T Jurcic* SIGNATURE REQUIRED FOR J. JURCIC

4/20/99  
Date

(412) 261-8928  
Daytime Phone #

CR2E034 (11/98)