

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90043 039 ***150.00

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1. Corporation Name

GANNETT FLEMING VALUATION AND RATE CONSULTANTS,
INC.

Principal Place of Business

207 SEATE AVE
CAMPTILL PA 17011
US

Mailing Address

P.O. BOX 67100
HARRISBURG PA 17106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1991

4. FEI Number

23-2147341

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$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

MYUNG-HAK, SUNG
SUITE 295, ONE PRESIDENTS PLAZA
4902 EISENHOWER BLVD.
TAMPA FL 33634

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 CPD ☐ DELETE
NAME STOUT, WILLIAM M.
STREET ADDRESS 220 N. GATE DR.
CITY-ST-ZIP CAMP HILL PA

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME JAMES C. ELLIOTT
1.3 STREET ADDRESS 250 NORTH 27th STREET
1.4 CITY-ST-ZIP CAMP HILL, PA 17011

TITLE TD ☐ DELETE
NAME LEE, MICHAEL T.
STREET ADDRESS 455 E. CRESTWOOD DR
CITY-ST-ZIP CAMPHILL PA

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME STEPHEN F. TALIAN
2.3 STREET ADDRESS 4987 FARMINGTON ROAD
2.4 CITY-ST-ZIP HARRISBURG, PA 17112-2183

TITLE VPSD ☐ DELETE
NAME HERBERT, PAUL R.
STREET ADDRESS 4880 PINE HILL ROAD
CITY-ST-ZIP HARRISBURG PA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME RUTTER, CHERYL A
STREET ADDRESS 6120 EVELYN ST
CITY-ST-ZIP HARRISBURG PA 17111

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL ANN RUTTER
ASSISTANT SECRETARY

Date

2/11/99

Daytime Phone #

(717) 763-7211

CR2E034 (11/98)