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 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37064 (3)

1. Corporation Name
PDG OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
1100 EAST HECTOR STREET STE - 410 CONSHOHOCKEN PA 19428 US	300 OXFORD DRIVE 1100 EAST HECTOR STREET, SUITE 410 MONROEVILLE PA 15146 US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 01/13/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 25-1588657 — 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	10. Name and Address of New Registered Agent
ANKNEY, ROBERT 6245 NORTH POWERLINE ROAD STE - 201 FT LAUDERDALE FL 33309	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

TITLE	CFOC
NAME	CERCONE, ROSE
STREET ADDRESS	300 OXFORD DRIVE
CITY-ST-ZIP	MONROEVILLE PA
TITLE	~~D~~
NAME	~~BENDIS, RICHARD~~
STREET ADDRESS	~~11050 ROE BLVD~~
CITY-ST-ZIP	~~OVERLAND PARK KS~~
TITLE	~~D~~
NAME	~~BERKEY, EDGAR~~
STREET ADDRESS	~~320 WILLIAMS PITT WAY~~
CITY-ST-ZIP	~~PITTSBURGH PA~~
TITLE	DPT
NAME	REGAN, JOHN C.
STREET ADDRESS	482 HILLSIDE AVENUE
CITY-ST-ZIP	MONROEVILLE PA
TITLE	V
NAME	MCCARTNEY, FRANK
STREET ADDRESS	20 SUGAR MAPLE LANE
CITY-ST-ZIP	HORSHAMA PA
TITLE	S
NAME	MAIRE, DULCIA
STREET ADDRESS	3908 BRIDGEWOOD DRIVE
CITY-ST-ZIP	MURRYSVILLE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Cerrone CFO & controller — 4/27/95 — (412) 858-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474404 FP