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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P37992**

1. Corporation Name

NDC CONSULTANTS, INC.

FILED
Apr 15, 1999 8:00 am
Secretary of State
U

04-15-1999 90070 024 ***150.00



Principal Place	of Business	Mailing Address					
1001 3RD AVE 1	w .	. 4415 FIFTH AVE.					
STE 410		PITTSBURGH PA 15213			DO NOT WOITE IN THIS SPACE		
BRANDENTON F	F 34205	US		DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed 03/20/1992		
2 Bringing Di	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
— ·	ace of business	— ·			25-1524473	<u> </u>	Not Applicable
21 Suite Act	4	Suite, Apt. #, etc.	_		23 1324473	\$8.7	5 Additional
Suite, Apt. #, etc.				-5. Certifcate of Status Desired □		Required	
22 City & State		City & State		6 Floring Compaign Financing		00 May Be	
City & State	e	⊢ '			6. Election Campaign Financing Trust Fund Contribution		led to Fees
23	Country	28	Count	n/	8. This corporation owes the current year		
Žip	Country		30	• 7	Personal Property Tax.	Yes	□No
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30		10. Name and Address of New Register		
	9. Name and Address of Currer	it Registered Agent	8	1 Name	IV. Name and Address of New (Cognotes)	<u> </u>	
ALI E	N PONALD I		*	110			
ALLEN, RONALD J. 1001 3RD AVE., W.			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
STE. 410			8	3		-	
Brai	DENTON FL 34205	•		4 City		85	Zip Code
					F	·L }	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named c	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changin	g its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au itions of, Section 607.0505, Flori	da Statute	es.	ations board of directors. Thereby accept the ap	pomimone	io regiotorea
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable (NOTE: I	Registered Ad	nent signature rec	quired when reinstating) DATE		
12.		ID DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
TITLE	SVP	DELETE	1.1 TITLE			Cha	nge Addition
NAME	BALSINGER, WILLIAM E		1.2 NAM	E			
	4415 FIFTH AVE			ET ADDRESS			
STREET ADDRESS	PITTSBURGH PA 15213		1.001140	C17#01#00			
CITY-ST-ZIP			1.4 CITY	- ST-21D			` {
		□ DELETE	1.4 CITY-			☐ Cha	nge Addition
NAME	AS	☐ DELETÉ	2.1 TITLE	<u> </u>		Cha	nge Addition
l_	AS CONNOR, DIANE G	DELETE	2.1 TITLE 2.2 NAM	E		Cha	nge Addition
STREET ADDRESS	AS CONNOR, DIANE G -4415 FIFTH AVE	☐ DELETE	2.1 TITLE 2.2 NAMI 2.3 STRE	E E EET ADDRESS		☐ Cha	nge [] Addition
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	AS CONNOR, DIANE G -4415 FIFTH AVE PITTSBURGH PA 15213 AS	☐ DELETE	2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CiTY 3.1 TITLE	E EET ADDRESS * '-ST-ZIP		Cha	-
CITY-ST-ZIP	AS CONNOR, DIANE G -4415 FIFTH AVE PITTSBURGH PA 15213 AS MASON, MARTIN		2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 City 3.1 TITLE 3.2 NAMI	EET ADDRESS * '-ST-ZIP			-
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14. 1 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 chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE: