

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90070 024 ***150.00

DOCUMENT # P37992

1. Corporation Name
NDC CONSULTANTS, INC.



Principal Place of Business

Mailing Address

1001 3RD AVE W
STE 410
BRANDENTON F 34205
US

4415 FIFTH AVE.
PITTSBURGH PA 15213
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1992

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

25-1524473

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

23 City & State

28 City & State

24 Zip

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, RONALD J.
1001 3RD AVE., W.
STE. 410
BRADENTON FL 34205

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 SVP
NAME BALSINGER, WILLIAM E
STREET ADDRESS 4415 FIFTH AVE
CITY-ST-ZIP PITTSBURGH PA 15213

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE AS
NAME CONNOR, DIANE G
STREET ADDRESS 4415 FIFTH AVE
CITY-ST-ZIP PITTSBURGH PA 15213

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AS
NAME MASON, MARTIN
STREET ADDRESS 4415 FIFTH AVE
CITY-ST-ZIP PITTSBURGH PA 15213

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

TITLE AS
NAME KREUTZER, KAREN
STREET ADDRESS 4415 FIFTH AVE
CITY-ST-ZIP PITTSBURGH PA 15213

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

TITLE CD
NAME BASKIN, SEYMOUR
STREET ADDRESS 4415 FIFTH AVE
CITY-ST-ZIP PITTSBURGH PA 15213

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

TITLE VP
NAME BELLINO, KATHLEEN
STREET ADDRESS 4415 FIFTH AVE
CITY-ST-ZIP PITTSBURGH PA

6.1 TITLE
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:

Martin Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

412 578-7800
Daytime Phone #

CR2E034 (1/98)