

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 16, 1999 8:00 am  
Secretary of State

03-16-1999 90014 050 \*\*\*150.00

DOCUMENT # P96000033420

1. Corporation Name

PNC BROKERAGE SERVICE CORP.

Principal Place of Business

ONE PNC PLAZA  
CORP TAX 249 5TH AVE  
PITTSBURGH PA 15222

Mailing Address

ONE PNC PLAZA  
CORP TAX 249 5TH AVE  
PITTSBURGH PA 15222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

59-3375108

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

2. Principal Place of Business

21 Two PNC Plaza

Suite, Apt. #, etc.

22 620 Liberty Avenue

City & State

23 Pittsburgh, PA

Zip

24 15222-2719

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	P	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL S MORTENSEN	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS R MOORE	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS K WHITFORD	
STREET ADDRESS	249 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH PA 15222-2707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Frederick J. Gronbacher	
1.3 STREET ADDRESS	249 Fifth Avenue	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15222-2707	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen L. Swanson	
2.3 STREET ADDRESS	620 Liberty Avenue	
2.4 CITY-ST-ZIP	Pittsburgh, PA 15222-2719	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bryan W. Ridley	
3.3 STREET ADDRESS	2730 Liberty Avenue	
3.4 CITY-ST-ZIP	Pittsburgh, PA 15222-4747	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Douglas T. Shore	
4.3 STREET ADDRESS	249 Fifth Avenue	
4.4 CITY-ST-ZIP	Pittsburgh, PA 15222-2707	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Douglas T. Shore

2/24/99

(412) 762-8303

Date

Daytime Phone #

CR2E034 (11/98)