


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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90067 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084450

1. Corporation Name
DURANGO CORPORATION, INC.

Principal Place of Business 3424 PEACHTREE ROAD, NE SUITE 2100 ATLANTA GA 30326	Mailing Address 3424 PEACHTREE ROAD, NE SUITE 2100 ATLANTA GA 30326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 201 Isabella Street Suite, Apt. #, etc. 22 City & State 23 Pittsburgh, PA Zip Country 24 15212-5858 25		2a. Mailing Address 26 201 Isabella Street Suite, Apt. #, etc. 27 City & State 28 Pittsburgh, PA Zip Country 29 15212-5858 30		3. Date Incorporated or Qualified 10/10/1996	4. FEI Number 06-1359413 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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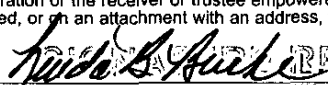
9. Name and Address of Current Registered Agent DOUGLAS, TIMOTHY K ESQ 25 FL PARK DR PALM COAST FL 32137		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P VOLLKOMMER, MICHAEL T 3424 PEACHTREE RD, SUITE 2100 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP P G. E. Bergeron 900 S. Gay Street Knoxville, TN 37902 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP V JOHNSTON, THOMAS G 3424 PEACHTREE RD, SUITE 2100 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP V L. B. Burke 201 Isabella Street Pittsburgh, PA 15212-5858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V FOSTER, GARY D 3424 PEACHTREE RD, SUITE 2100 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP V R. P. McCracken 900 S. Gay Street Knoxville, TN 37902 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD FEENEY, HELEN M 3424 PEACHTREE RD, SUITE 2100 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP V J. R. Lucot 201 Isabella Street Pittsburgh PA 15212-5858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V WOLF, ROBERT P 3424 PEACHTREE RD, SUITE 2100 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP S D. A. Yura 201 Isabella Street Pittsburgh, PA 15212-5858 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP T GLEASON, THOMAS L 3424 PEACHTREE RD, SUITE 2100 ATLANTA GA 30326 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP T R. G. Wennemer 201 Isabella Street Pittsburgh, PA 15212-5858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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  REB. BURKE Vice President 4/13/99 (412) 553-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)