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1995 MAY -1 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

V31897

DOCUMENT #
M92350 (3)

500001492515
-05/17/95--01180--009
****200.00 ****200.00

Mailing Address
~~1013 CENTRE ROAD~~
~~P.O. BOX 591~~
~~WILMINGTON DE 19899~~
APD CROSSINGS

Principal Place of Business
1013 CENTRE ROAD
P.O. BOX 591
WILMINGTON DE 19899

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 05/24/1968	Date of Last Report: 03/29/1993

21 Mailing Address: One Mellon Bank Center	26 Principal Place of Business	FEI Number: ~~25-1679000~~ 251707152	Applied For / Not Applicable
22 Suite, Apt. #, etc.: Room 772	27 Suite, Apt. #, etc.	Certificate of Status Desired: $8.75 Attached Fee Required ☐	
23 City & State: Pittsburgh, PA	28 City & State	Nonprofit Exempt from $138.75 Supplemental Fee ☐	$5.00 May Be Added to Fees
24 Zip: 15258-0001 / 25 Country	29 Zip / 30 Country	This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CORPORATION SERVE COMPANY
FOWLER & CLARK, P.A.
502 EAST PARK AVENUE
TALLAHASSEE 32301

10. Name and Address of New Registered Agent

81 Name
82 Address (P.O. Box Number is Not Acceptable)
83
84 City / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Acceptance Acknowledgment - NOTE: Registered Agent's Signature Required

12. OFFICERS AND DIRECTORS		13.	
31 TITLE	D/C/P	31 TITLE	
32 NAME	HOLL RICHARD L	32 NAME	
33 STREET ADDRESS	4850 ONE MELLON BANK CENTER	33 STREET ADDRESS	
34 CITY-ST-ZIP	PITTSBURGH PA	34 CITY-ST-ZIP	
41 TITLE	V/T	41 TITLE	
42 NAME	GEIS KATHLEEN J	42 NAME	Michael M. McArtor
43 STREET ADDRESS	2945 ONE MELLON BANK CENTER	43 STREET ADDRESS	Mellon Bank Center
44 CITY-ST-ZIP	PITTSBURGH PA	44 CITY-ST-ZIP	Pgh, PA 15258
51 TITLE	A/T	51 TITLE	
52 NAME	LANSINGER, MARK P.	52 NAME	
53 STREET ADDRESS	772 ONE MELLON BANK CTR	53 STREET ADDRESS	
54 CITY-ST-ZIP	PITTSBURGH PA	54 CITY-ST-ZIP	
61 TITLE	S	61 TITLE	
62 NAME	WHITEMAN BARBARA J	62 NAME	
63 STREET ADDRESS	1820 ONE MELLON BANK CENTER	63 STREET ADDRESS	
64 CITY-ST-ZIP	PITTSBURGH PA	64 CITY-ST-ZIP	
71 TITLE		71 TITLE	
72 NAME		72 NAME	Radovaj Robert
73 STREET ADDRESS		73 STREET ADDRESS	2945 One Mellon Bank Center
74 CITY-ST-ZIP		74 CITY-ST-ZIP	Pgh, PA 15258-0001
81 TITLE		81 TITLE	
82 NAME		82 NAME	
83 STREET ADDRESS		83 STREET ADDRESS	
84 CITY-ST-ZIP		84 CITY-ST-ZIP	

DWP
5-1-95

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 release the Department of State from any liability for non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental 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 authorized 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.

X Mark P. Lansinger 5/1/95
MARK P. LANSINGER, Assistant Treasurer — 5-1-95