

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 836039 (8)**

1. Corporation Name  
**THE PANNIER CORPORATION**

**FILED**  
**95 JAN 25 PM 1:50**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**207 SANDUSKY ST.  
PITTSBURGH PA 15212**      **207 SANDUSKY ST.  
PITTSBURGH PA 15212**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/26/1976**      **04/05/1994**

2. Principal Place of Business      2a. Mailing Address

21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27  
City & State      City & State

23      28  
Zip      Zip      Country      Country

24      25      29      30

4. FEI Number      Applied For  
**25-0940589**      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 has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**DEBLASIS, PETER  
5438 ASHTON COURT  
SARASOTA FL 33583**

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 re-register)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ECKERT, JOHN</b>
STREET ADDRESS	<b>SCHROATH BLDG., SUITE C</b>
CITY-ST-ZIP	<b>CLARKSBURG, W VA</b>
TITLE	<b>D</b>
NAME	<b>VISCONTI, JOHN</b>
STREET ADDRESS	<b>3101 MT ROYAL BLVD</b>
CITY-ST-ZIP	<b>GLENSHAW PA</b>
TITLE	<b>D</b>
NAME	<b>HEDDAEUS, SCOTT</b>
STREET ADDRESS	<b>217 JOHNSTON RD</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>
TITLE	<b>STD</b>
NAME	<b>WISE, JOHN</b>
STREET ADDRESS	<b>307 GRANT ST.</b>
CITY-ST-ZIP	<b>SEWICKLEY PA</b>
TITLE	<b>MD</b>
NAME	<b>CARVELLI, ALBERT</b>
STREET ADDRESS	<b>1306 POWERS RUN RD</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed or new attachment with an address.

SIGNATURE: *David E. Gibbs Jr*      **DAVID E. GIBBS JR**      1/13/95 (412)323 4900

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR