

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **836039** (8)  
1. Corporation Name  
**THE PANNIER CORPORATION**



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/26/1976</b>	3a. Date of Last Report <b>01/25/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>25-0940589</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DEBLASIS, PETER 5438 ASHTON COURT SARASOTA FL 33583</b>	81. Name
	82. Street 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, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ECKERT, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>SCHROATH BLDG., SUITE C</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CLARKSBURG, W VA</b>	1.4 CITY- ST- ZIP	<b>26302</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D VISCONTI, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>3101 MT ROYAL BLVD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GLENSHAW PA</b>	2.4 CITY- ST- ZIP	<b>15116</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HEDDAEUS, SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>217 JOHNSTON RD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	3.4 CITY- ST- ZIP	<b>15241</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD WISE, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>307 GRANT ST.</b>	4.3 STREET ADDRESS	<b>231 THORN ST</b>
CITY- ST- ZIP	<b>SEWICKLEY PA</b>	4.4 CITY- ST- ZIP	<b>15143</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MD CARVELLI, ALBERT</b>	5.2 NAME	
STREET ADDRESS	<b>1306 POWERS RUN RD</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PITTSBURGH PA</b>	5.4 CITY- ST- ZIP	<b>15238</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 119.07(3)(k), 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 its 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, changed, or on an attachment with an address.

SIGNATURE: *David E. Gibbs, Jr.* David E. Gibbs, Jr. 1/18/96 (412) 323-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)