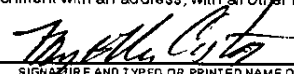


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000002637 1. Entity Name NEVADA LAND COMPANY, INC.					
Principal Place of Business 125 DAUGHERTY DRIVE, SUITE 400 MONROEVILLE, PA 15146			Mailing Address 125 DAUGHERTY DRIVE, SUITE 400 MONROEVILLE, PA 15146		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 25-1859697		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					06262008 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., STE. 2100 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PVST COSTA, MARY ELLEN ☐ Delete 125 DAUGHERTY DRIVE, SUITE 400 MONROEVILLE, PA 15146		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition U000000955176 07/16/08-80006-002 158.75	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CD COSTA, MARY ELLEN ☐ Delete 125 DAUGHERTY DRIVE, SUITE 400 MONROEVILLE, PA 15146		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 			Date: July 8, 2008 Daytime Phone #: 412-373-9430		