


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002100
 1. Entity Name
ALLSTATE FINANCIAL AND MORTGAGES, INC.



Principal Place of Business ONE FORESTWOOD DRIVE PITTSBURGH, PA 15237	Mailing Address ONE FORESTWOOD DRIVE PITTSBURGH, PA 15237
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1606096	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD.
 STE 101
 TALLAHASSEE, FL 32301-2960**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


U00000579243
 01/09/07-80061-025 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIETZ, RAYMOND T ONE FORESTWOOD DRIVE PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DIETZ, LYNN A ONE FORESTWOOD DRIVE PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDS, WILLIAM B ONE FORESTWOOD DRIVE PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Raymond T. Dietz, President** **1/4/07** **(412)369-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #