


2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0662258 AB

DOCUMENT # F97000004040			
1. Entity Name DOWNTOWN PROPERTIES OF PA, INC.			
Principal Place of Business 5 W. 10TH ST ERIE PA 16501		Mailing Address 5 W. 10TH ST ERIE PA 16501	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 APR 22 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number 25-1111446				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VOGEL, JAMES D ESQ. 3936 TAMIAMI TRAIL N. STE. B NAPLES FL 34103			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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P BALDWIN, ARTHUR W	<input checked="" type="checkbox"/> Delete	TITLE NAME	000033724480	
STREET ADDRESS	5 W. 10TH ST		STREET ADDRESS	04/23/04--01025--017 **150.00	
CITY-ST-ZIP	ERIE PA 16501		CITY-ST-ZIP		
TITLE NAME	VP BALDWIN, GREGORY G	<input type="checkbox"/> Delete	TITLE NAME	P Baldwin, Gregory G.	
STREET ADDRESS	5 W. 10TH ST		STREET ADDRESS	5 W. 10th St.	
CITY-ST-ZIP	ERIE PA 16501		CITY-ST-ZIP	Erie, PA 16501	
TITLE NAME	ST BALDWIN, JOHN R	<input type="checkbox"/> Delete	TITLE NAME	VP Baldwin, Christopher S.	
STREET ADDRESS	5 W. 10TH ST		STREET ADDRESS	5 W. 10th St.	
CITY-ST-ZIP	ERIE PA 16501		CITY-ST-ZIP	Erie, PA 16501	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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: SIGNATURE REQUIRED **4/13/04** **814-454-4541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John R. Baldwin

CR2E034 (10/02)