2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 11, 2005 08:00 AM Secretary of State

814-454-4541

Daytime Phone #

WILLAUF ITE AILI	<u> </u>	_ Weat 11, 2003 00.00.
DOCUMENT # F9700004040 1. Entity Name DOWNTOWN PROPERTIES OF PA, INC.		Secretary of State
Principal Place of Business Mailing Address		-
5 W. 10TH ST 5 W. 10TH ST	•	
ERIE, PA 16501 ERIE, PA 16501		
Emplify 1000		
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DO NOT WRITE IN THIS SPACE		03072005 No Chg-P CR2E034 (10/03)
		4. FEI Number Applied For
		25-1111446 Not Applicable \$8.75 Additional
	12 marin (**	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent		
VOGEL, JAMES D ESQ.		DO NOT WRITE
3936 TAMIAMI TRAIL N. STE. B NAPLES, FL 34103	·	
		IN THIS SPACE
		122 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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 Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature require	ed when reinstating) DATE
9. Election C	ampaign Financing \$5	5.00 May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund		ided to Fees
10. OFFICERS AND DIRECTORS		
TITLE P		
NAME BALDWIN, GREGORY G		
STREET ADDRESS 5 W. 10TH ST	1	
CITY-ST-ZIP ERIE, PA 16501		
TITLE VP		1100000259249
NAME BALDWIN, JOHN R	ı	,000000259249 03/11/05-80017-015 150.00
STREET ADDRESS 5 W. 10TH ST		The same was a second of the s
CITY-ST-ZIP ERIE, PA 16501		
IIILE VP	- 	
NAME BALDWIN, CHHRISTOPHER S		
STREET ADDRESS SW 10TH ST	*	DO MOT MINITE
CITY-ST-ZIP ERIE, PA 16501		DO NOT WRITE
		IN THE OBACE
TITLE	1	IN THIS SPACE
NAME	<u>.</u>	
STREET ADDRESS CITY-SI-ZIP	Į.	
	*	
TITLE TITLE		
NAME ASSOCIATION A		
STREET ADDRESS	Į.	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not que indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all the rike empower.	lify for the exemption stated in S	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 of the corporation or the receiver or trustee empowered to execute this:	that my signature shall have the eport as required by Chapter 60	e same regarence as it made under oath; that it am an officer of director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
changed, or on an attachment with an address, with all divier like empor	vered.	