

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 042 ***150.00

DOCUMENT # P17097
1. Entity Name
A. C. DELLOVADE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
108 Cavasina Drive
Suite, Apt. #, etc.

3. Mailing Address
108 Cavasina Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Canonsburg, PA

City & State
Canonsburg, PA

4. FEI Number
25-1242514

Applied For
Not Applicable

Zip
15317

Country
US

Zip
15317

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City **Plantation** FL Zip Code **33324**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **Dellovade, Armand C.**
STREET ADDRESS **R. D. 2, Canonsburg, PA 15317**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **Dellovade, Peter J.**
STREET ADDRESS **190 Roscommon Place**
CITY-ST-ZIP **McMurray, PA 15317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V**
NAME **Dellovade, Dennis**
STREET ADDRESS **439 Robinshood Lane, McMurray, PA**
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE **V**
NAME **Riley, Patrick L.**
STREET ADDRESS **2 Aspen Drive, Washington, PA15301**
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE **D**
NAME **Ferris, Richard**
STREET ADDRESS **1150 Old Pond Road**
CITY-ST-ZIP **Bridgeville, PA 15017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Patrick L. Riley 4/3/02 (724) 873-8190
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)