


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P17097</b> 1. Entity Name A.C. DELLOVADE, INC.	
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Principal Place of Business 108 CAVASINA DRIVE CANONSBURG, PA 15317 US	Mailing Address 108 CAVASINA DRIVE CANONSBURG, PA 15317 US
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04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 25-1242514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DELLOVADE, ARMAND C R.D. 2 CANNONSBURG, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELLOVADE, PETER J 190 ROSCOMMON PLACE MCMURRAY, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELLOVADE, DENNIS 439 ROBINSHOOD LANE MCMURRAY, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RILEY, PATRICK L 2 ASPEN DRIVE WASHINGTON, PA 15301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, RICHARD 1150 OLD POND ROAD BRIDGEVILLE, PA 15017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000118095  
 04/19/04-80046-004 150.00

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:**  Patrick L. Riley 4/13/04 (724) 873-8190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #