

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17097

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: A.C. DELLOVADE, INC.

**Current Principal Place of Business:**

108 CAVASINA DRIVE  
CANONSBURG, PA 15317 US

**New Principal Place of Business:**

**Current Mailing Address:**

108 CAVASINA DRIVE  
CANONSBURG, PA 15317 US

**New Mailing Address:**

FEI Number: 25-1242514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DELLOVADE, ARMAND C  
Address: 906 BAKER ROAD  
City-St-Zip: CANONSBURG, PA 15317

Title: SD ( ) Delete  
Name: DELLOVADE, PETER J  
Address: 190 ROSCOMMON PLACE  
City-St-Zip: MCMURRAY, PA 15317

Title: V ( ) Delete  
Name: DELLOVADE, DENNIS  
Address: 439 ROBINSHOOD LANE  
City-St-Zip: MCMURRAY, PA 15317

Title: V ( ) Delete  
Name: RILEY, PATRICK L  
Address: 2 ASPEN DRIVE  
City-St-Zip: WASHINGTON, PA 15301

Title: D ( ) Delete  
Name: FERRIS, RICHARD  
Address: 1150 OLD POND ROAD  
City-St-Zip: BRIDGEVILLE, PA 15017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK L RILEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

V

04/27/2009

\_\_\_\_\_ Date