


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90929 035 ***168.75

DOCUMENT # P17097

1. Entity Name
A.C. DELLOVADE, INC.



Principal Place of Business
**108 CAVASINA DRIVE
CANONSBURG, PA 15317 US**

Mailing Address
**108 CAVASINA DRIVE
CANONSBURG, PA 15317 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **25-1242514** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature expires when it resigns.)

FILE NEW? Fee is \$150.00
After May 1, 2003 fee will be \$50.00
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 STREET ADDRESS CITY-ST-2P	PTD DELLOVADE, ARMAND C R.D. 2 CANNONSBURG, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	SD DELLOVADE, PETER J 190 ROSCOMMON PLACE MCMURRAY, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	V DELLOVADE, DENNIS 439 ROBINSHOOD LANE MCMURRAY, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	V RILEY, PATRICK L 2 ASPEN DRIVE WASHINGTON, PA 15301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	D FERRIS, RICHARD 1150 OLD POND ROAD BRIDGEVILLE, PA 15017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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** **4/2/03** **(724) 873-8190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

CR2E034 (10/02)