

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27172

Entity Name: ELLIOTT COMPANY

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

901 NORTH FOURTH STREET
JEANNETTE, PA 15644

New Principal Place of Business:

Current Mailing Address:

901 NORTH FOURTH STREET
JEANNETTE, PA 15644

New Mailing Address:

901 NORTH FOURTH STREET
DEPT 14-25
JEANNETTE, PA 15644

FEI Number: 25-1555755

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: CEO () Delete
Name: CASILLO, ANTONIO
Address: 901 NORTH FOURTH STREET
City-St-Zip: JEANNETTE, PA 15644

Title: CFO () Delete
Name: O'SULLIVAN, EUGENE
Address: 901 NORTH FOURTH ST.
City-St-Zip: JEANNETTE, PA 15644

Title: SEC () Delete
Name: COX, WILLIAM K
Address: 901 NORTH FOURTH STREET
City-St-Zip: JEANNETTE, PA 15644

Title: VP () Delete
Name: URUMA, YASUYUKI
Address: 901 NORTH FOURTH ST.
City-St-Zip: JEANNETTE, PA 15644

Title: SVP () Delete
Name: SERO, RAYMOND
Address: 901 NORTH FOURTH STREET
City-St-Zip: JEANNETTE, PA 15644

Title: TREA () Delete
Name: STEINMETZ, CHARLES T
Address: 901 N. FOURTH STREET
City-St-Zip: JEANNETTE, PA 15644

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: SVP (X) Change () Addition
Name: STEINBERG, ROBERT
Address: 901 NORTH FOURTH STREET
City-St-Zip: JEANNETTE, PA 15644

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: WILLIAM K. COX

SEC

04/27/2009

Electronic Signature of Signing Officer or Director

Date