

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005582

**Entity Name:** ISDA FRATERNAL ASSOCIATION**Current Principal Place of Business:**419 WOOD ST  
PITTSBURGH, PA 15222**Current Mailing Address:**419 WOOD ST  
PITTSBURGH, PA 15222 US**FEI Number:** 25-1091698**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 US*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:** BILL HAVRE

02/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RUSSO, BASIL M  
Address        3 SHOREBY DRIVE  
City-State-Zip: BRATENAHL OH 44108

Title            VP  
Name            ROSALINA, JOSEPH  
Address        419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

Title            DIRECTOR  
Name            BASSO, ANTHONY R  
Address        6733 CALIFORNIA AVE  
City-State-Zip: HAMMOND IN 46323

Title            DIRECTOR  
Name            CIAMBRONE, ANGELO  
Address        1515 HALSTED ST  
City-State-Zip: CHICAGO HGTS IL 60411

Title            DIRECTOR  
Name            FRANK, MARIE  
Address        4599 QUEEN MARY DR  
City-State-Zip: SO EUCLID OH 44121

Title            DIRECTOR  
Name            SALASAVAGE, DANIELLE  
Address        419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

Title            DIRECTOR  
Name            INNAMORATO, MARY F  
Address        137 HIDDEN VALLEY DR  
City-State-Zip: PITTSBURGH PA 15237

Title            DIRECTOR  
Name            STREDNAK, JOSEPH N  
Address        419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

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*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOANN BLACKWELL**SECRETARY/CONTROLLE** 02/05/2024  
R

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MAHOFSKI, EUGENE J  
Address 406 ELLIOT LANE  
City-State-Zip: PITTSBURGH PA 15229

Title COMPTROLLER  
Name BLACKWELL, JOANN  
Address 419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

Title DIRECTOR  
Name MANFREDI, EDWARD  
Address 419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

Title DIRECTOR  
Name CERRONE, SHARON  
Address 419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

Title DIRECTOR  
Name CARLUCCI, JOANN  
Address 4207 HOMESTEAD DUQ ROAD  
City-State-Zip: WEST MIFFLIN PA 15122

Title DIRECTOR  
Name STANZIONE, LOUISE  
Address 419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222

Title DIRECTOR  
Name DIMICHELE, RONALD W  
Address 419 WOOD ST  
City-State-Zip: PITTSBURGH PA 15222