

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853102

**FILED**  
**Jan 27, 2017**  
**Secretary of State**  
**CC7554702328**

**Entity Name:** DEVELOPMENT DIMENSIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

1225 WASHINGTON PIKE  
BRIDGEVILLE, PA 15017

**Current Mailing Address:**

1225 WASHINGTON PIKE  
BRIDGEVILLE, PA 15017

**FEI Number: 13-2662069**

**Certificate of Status Desired: No**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	CEO	Title	EXECUTIVE CHAIRMAN, DIRECTOR
Name	BYHAM, TACY M	Name	BYHAM, WILLIAM C
Address	16 WOODLAND DRIVE	Address	1225 WASHINGTON PIKE
City-State-Zip:	PITTSBURGH PA 15228	City-State-Zip:	BRIDGEVILLE PA 15017
Title	VP, DIRECTOR	Title	VICE PRESIDENT & CFO
Name	BYHAM, CAROLYN M	Name	TSAO, PATSY P
Address	1225 WASHINGTON PIKE	Address	1225 WASHINGTON PIKE
City-State-Zip:	BRIDGEVILLE PA 15017	City-State-Zip:	BRIDGEVILLE PA 15017
Title	TREASURER	Title	PRESIDENT
Name	WILLIAMS, WILLIAM FINBARR BUTLER	Name	DALESIO, RONALD R.
Address	1225 WASHINGTON PIKE	Address	1225 WASHINGTON PIKE
City-State-Zip:	BRIDGEVILLE PA 15017	City-State-Zip:	BRIDGEVILLE PA 15017

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

**SIGNATURE: WILLIAM FINNBAR BUTLER WILLIAMS**

**TREASURER**

**01/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date