## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # 431928 MINAL, INC.					\$	Secret	ary of	State	
RIVER ROAD P.O. BOX 80		Mailing Address TAX DEPARTMENT 213 SECOND AVENUE WARREN, PA 16365			) ( <b>111</b> ))) <b>1116.</b> ()					
		IN THIS S	N THIS SPACE		04192005 No Chg-P CR2E034 (10/03)  4. FEI Number					
	6. Name and Address of Current Re	gistered Agent	-		andre Miller van	- 3				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324						DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for the	e purpose of changing its I	registered o	office or registere	ed agent, or both,	in the State o	of Florida. I am	familiar with, ar	nd accept	
SIGNATURE  Signature, typed or priffled name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) . DATE							<u></u>			
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					00 May Be	<del></del>				
10.	OFFICERS AND DI	RECTORS		· · · · · · · · · · · · · · · · · · ·						
NAME STREET ADDRESS CITY-ST-ZIP	C CATSIMATIDIS, JOHN A. 817 FIFTH AVE. 14TH FLR. NEW YORK, NY	- <u></u>			and we were		- Andrew Control of the Control of t		7 % 3 3 2077	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURFITT, MŸRON L 40 ELMWOOD DRIVE WARREN, PA 16365	_	=				00033275 05-80070	1 -019 150	.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOBINA, DONALD E 27 ADAMS COURT WARREN, PA 16365				DO I	TON	WRIT	E	}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEE, DENNIS E 250 MAIN STREET TIDIOUTE, PA			. ,	IN T	HIS S	SPACI	Ē		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGNER, J R 15 BRADLEY ST WARREN, PA 16365			· · · · · · · · · · · · · · · · · · ·	**	· · · · · · · · · · · · · · · · · · ·	· ·	<b>-</b> ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del> -							moving Towns	
12. I hereby of indicated of the cor changed,	certify that the information supplied with the control of the report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	n all other like empowered	the exempt ny signature as required		ction 119.07(3)(i), same legal effect a , Florida Statutes;	Florida Statul as if made und and that my r	les. I further ce der oath, that I hame appears	rtify that the info am an officer or in Block 10 or B	rmation director lock 11 if	
SIGNATURE: Dennis E. Bee TR Aut. Secretary 04 20 105 814 - 726 - 4698 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATING OFFICER OR DIRECTOR  Date  Detail  Detail  Detail  Description  Desc										