## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT #815904** 

1. Entity Name HEYL & PATTERSON, INCORPORATED



Principal Place of Business

2000 CLIFF MINE RD

SUITE 300 PITTSBURGH, PA 15275 Mailing Address

PO BOX 36

PITTSBURGH, PA 15230 US

FILED May 02, 2008 08:00 Al Secretary of State



## DO NOT WRITE IN THIS SPACE

04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 25-0547550

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

## DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Electron Campaign Financing Trust Fund Contribution.

\$5.00 May Be

U00000942811

10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDELMAN, JOHN R. 2000 CLIFF MINE RD SUITE 300 PITTSBURGH, PA 15275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDELMAN, JOHN R 2000 CLIFF MINE RD SUITE 300 PITTSBURGH, PA 15275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDELMAN, HARRY R IV 2000 CLIFF MINE RD SUITE 300 PITTSBURGH, PA 15275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURTIN, DANIEL M 2000 CLIFF MINE RD SUITE 300 PITTSBURGH, PA 15275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE:

SIGNATURE AF TYPED OR PRINTED NAME OF S NING OFFICER OR DIRECTOR