


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 843840 1. Entity Name HENRY F. TEICHMANN, INC.	
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Principal Place of Business 3009 WASHINGTON RD. MCMURRAY, PA 15317	Mailing Address 3009 WASHINGTON RD. MCMURRAY, PA 15317
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**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 25-0933019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000582602  
 05/19/06-80062-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TEICHMANN, NEWTON N 3009 WASHINGTON RD MCMURRAY, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCINTYRE, ARCHIE L 3009 WASHINGTON ROAD MCMURRAY, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SETTIMIO, RANDY J 3009 WASHINGTON ROAD MCMURRAY, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMASTERS, KENNETH E JR 3009 WASHINGTON ROAD MCMURRAY, PA 15317
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, with all other like empowered

SIGNATURE:  **4-28-06** **724-941-9550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #