

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 008 ***158.75

DOCUMENT # 852956

1. Entity Name
DICK CORPORATION



Principal Place of Business

**1900 STATE ROUTE 51
LARGE, PA 15025**

Mailing Address

**P.O. BOX 10896
PITTSBURGH, PA**

DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1355037

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCD
DICK, D P
136 KISSEL SPRINGS ROAD
LIGONIER, PA 15658**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCD
DICK, D. E.
112 HILLCREST RD
PITTSBURGH, PA 15238**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PETERS, ROGER J.
303 CORNWALL DRIVE
PITTSBURGH, PA 15238**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
D'ANGELO, STEPHEN F
1900 STATE ROUTE 51
LARGE, PA 15025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T FORMELLA
FORMELLA, NORMAN G
1900 STATE ROUTE 51
CLAIRTON, PA 15025**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07

412-384-1389