2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852956

Title:

Name:

Address:

City-St-Zip:

FILED May 19, 2008 Secretary of State

Entity Name: DICK CORPORATION						
Current Principal Place of Business:			New Principal Place of Business:			
1900 STAT LARGE, PA	E ROUTE 51 \ 15025					
Current Mailing Address:			New Mailing Address:			
P.O.BOX 1 PITTSBUR						
FEI Number:	25-1355037	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New 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				9	omeo on regression algerity or mean,	
SIGNATUR		- Oi			Data	
ln osserdens		c Signature of Registered Ager			Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the phot hotice	· ·		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CCD () DICK, D P, 136 KISSEL SP LIGONIER, PA		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	CCD () DICK, D. E. 112 HILLCREST PITTSBURGH, F		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	S () PETERS, ROGE 303 CORNWAL PITTSBURGH, F	_ DRIVE	Title: Name: Address: City-St-Zip:	S (X PETERS, ROO 1900 STATE F LARGE, PA 1	ROUTE 51	
Title: Name: Address: City-St-Zip:	P () D'ANGELO, STE 1900 STATE RO LARGE, PA 150	UTE 51	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN TO'REILLY Τ 05/19/2008

() Delete

FORNQULA, NORMAN G

1900 STATE ROUTE 51

CLAIRTON, PA 15025

(X) Change () Addition

O'REILLY, JOHN T

1900 STATE ROUTE 51

CLAIRTON, PA 15025