2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000988

1. Entity Name
COHEN & GRIGSBY, P.C.

Principal Place of Business	Mailing Address
11 STANWIX STREET, 15TH FLOOR PITTSBURGH, PA 15222	11 STANWIX STREET, 15TH FLOOR PITTSBURGH, PA 15222

05042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
25-1491692
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, HENRY C ESQ.
27200 RIVERVIEW CENTER BLVD., SUITE 309
BONITA SPRINGS, FL 34134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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	V
NAME	TEDESCO, ALLAN J
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15222
TITLE	CD
NAME	COHEN, CHARLES C
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15222
TITLE	VD
NAME	ROMAN, ANDREW M
STREET ADDRESS	11 STANWIX ST., 15TH FLR.
CITY-ST-ZIP	PITTSBURGH, PA 15222
TITLE	PD
NAME	ELLIOTT, JACK W
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15222
TITLE	SD
NAME	WESSELS, DANIEL L
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15222
TITLE	VTD
NAME	SYME, MICHAEL H
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15222

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05/17/06-80060-025 150.00

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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: James F. Cinque / COMPTROLLER 5-4-06 412-297-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #