
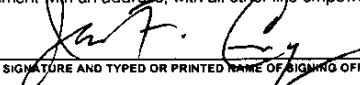


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90013 050 \*\*\*150.00

<b>DOCUMENT # F0100000988</b>					
1. Entity Name COHEN & GRIGSBY, P.C.					
Principal Place of Business 11 STANWIX STREET, 15TH FLOOR PITTSBURGH, PA 15222			Mailing Address 11 STANWIX STREET, 15TH FLOOR PITTSBURGH, PA 15222		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1491692	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent COHEN, GRIGSBY B P.C.9 27200 RIVERVIEW CENTER BLVD., SUITE 309 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDESCO, ALLAN J		NAME		
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, CHARLES C		NAME		
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMAN, ANDREW M		NAME	MARK R. STABILE	
STREET ADDRESS	11 STANWIX ST., 15TH FLR.		STREET ADDRESS	11 STANWIX STREET, 15TH FL	
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, JACK W		NAME		
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, JEFFERY D		NAME		
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYME, MICHAEL H		NAME		
STREET ADDRESS	11 STANWIX STREET, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
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: 			Date: 3-10-08		Daytime Phone #: 412-237-4900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40046714



03042008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

COHEN, GRIGSBY B P.C.9  
27200 RIVERVIEW CENTER BLVD., SUITE 309  
BONITA SPRINGS, FL 34134

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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SIGNATURE \_\_\_\_\_  
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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-10-08

Daytime Phone #: 412-237-4900

Date Daytime Phone #