

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001245

FILED
Apr 28, 2004
Secretary of State

Entity Name: INVESMART ADVISORS, INC.

Current Principal Place of Business:

PENN CENTER WEST, BLDG. 6, STE. 211
PITTSBURGH, PA 15276

New Principal Place of Business:

Current Mailing Address:

PENN CENTER WEST, BLDG. 6, STE. 211
PITTSBURGH, PA 15276

New Mailing Address:

FEI Number: 25-1859547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARTOSZEWICZ, JAMES
Address: PENN CENTER WEST, BLDG. 6, STE. 211
City-St-Zip: PITTSBURGH, PA 15276

Title: D () Delete
Name: GENSHEIMER, MARK R
Address: PENN CENTER WEST, BLDG. 6, STE. 211
City-St-Zip: PITTSBURGH, PA 15276

Title: D () Delete
Name: ECHAVARRIA, CHRISTIAN
Address: PENN CENTER WEST, BLDG. 6, STE. 211
City-St-Zip: PITTSBURGH, PA 15276

Title: S () Delete
Name: ROSSI, ROBERT
Address: PENN CENTER WEST, BLDG. 6, STE. 211
City-St-Zip: PITTSBURGH, PA 15276

Title: T () Delete
Name: BATTAGLIA, NICOLA
Address: PENN CENTER WEST, BLDG. 6, STE. 211
City-St-Zip: PITTSBURGH, PA 15276

Title: V () Delete
Name: MANGAN, LYNN
Address: 312 PLUM STREET, SUITE 1200
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: NICOLA BATTAGLIA

T

04/28/2004

Electronic Signature of Signing Officer or Director

Date