2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# F02000006270

Entity Name: CTC PUBLIC BENEFIT CORPORATION

Current Principal Place of Business:

7995 114TH AVE.
LARGO, FL 337735028

New Principal Place of Business:

Current Mailing Address:

100 CTC DRIVE
JOHNSTOWN, PA 159041935

New Mailing Address:

FEI Number: 11-3647646 **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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: KATZ, MICHAEL A
Address: 1300 PENNSYLVANIA AVENUE NW STE. 200
City-St-Zip: WASHINGTON, DC 200043016

Title: DP ( ) Delete
Name: LEWIS, BILLY L
Address: 7935 114TH AVENUE
City-St-Zip: LARGO, FL 337735026

Title: DS ( ) Delete
Name: JOHNSON, ROBERT A
Address: 301 GRANT STREET 20TH FL ONE OXFORD CENTRE
City-St-Zip: PITTSBURGH, PA 15219

Title: T ( ) Delete
Name: MILKIE, NICHOLAS G
Address: 100 CTC DRIVE
City-St-Zip: JOHSTOWN, PA 159041935

Title: AS ( ) Delete
Name: MAGUIRE, TERI S
Address: 100 CTC DRIVE
City-St-Zip: JOHNSTOWN, PA 159041935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: KATZ, MICHAEL A
Address: 8530 CORRIDOR ROAD
City-St-Zip: SAVAGE, MD 207639504

Title: DP (X) Change ( ) Addition
Name: LEWIS, BILLY L
Address: 7995 114TH AVENUE
City-St-Zip: LARGO, FL 337735026

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERI S MAGUIRE AS 04/10/2008
Electronic Signature of Signing Officer or Director — Date