

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006270

FILED  
Apr 22, 2009  
Secretary of State

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: 8530 CORRIDOR ROAD  
City-St-Zip: SAVAGE, MD 207639504

Title: DP ( ) Delete  
Name: LEWIS, BILLY L  
Address: 7995 114TH AVENUE  
City-St-Zip: LARGO, FL 337735028

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: JOHNSTOWN, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: DS (X) Change ( ) Addition  
Name: JOHNSON, ROBERT A  
Address: 301 GRANT STREET 20TH FL ONE OXFORD CENTRE  
City-St-Zip: PITTSBURGH, PA 152191410

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

04/22/2009

Electronic Signature of Signing Officer or Director

Date