


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006345 1. Entity Name SNAVELY FOREST PRODUCTS COMPANY	
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Principal Place of Business 600 DELWAR ROAD PITTSBURGH, PA 15236	Mailing Address 600 DELWAR ROAD PITTSBURGH, PA 15236
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3666819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CURDA, MIKE
5300 RECKER HIGHWAY, BLDG. #11
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SNAVELY, C M 600 DELWAR ROAD PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SNAVELY, STEPHEN V 600 DELWAR ROAD PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD STEINHART, DONALD R 600 DELWAR ROAD PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD STOCKHAUSEN, JOHN 600 DELWAR ROAD PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FITZSIMMONS, SUSAN S 600 DELWAR ROAD PITTSBURGH, PA 15236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DULI, SUE 600 DELWAR ROAD PITTSBURGH, PA 15236

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04/05/04-80071-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4/1/04** **412-885-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #