


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90409 037 \*\*\*150.00

<b>DOCUMENT # F03000000967</b> 1. Entity Name <b>FULL SERVICE SUPPLY INC.</b>	
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Principal Place of Business <b>1600 TECHNOLOGY WAY LATROBE, PA 15650</b>	Mailing Address <b>1600 TECHNOLOGY WAY LATROBE, PA 15650</b>
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**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0708186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWINGHAM, M.D. 1600 TECHNOLOGY WAY LATROBE, PA 15650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TOMAN, S.T. 1600 TECHNOLOGY WAY LATROBE, PA 15650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NOWE, KEVIN G 1600 TECHNOLOGY WAY LATROBE, PA 15650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MORRISON, J.E. 1600 TECHNOLOGY WAY LATROBE, PA 15650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREENFIELD, DAVID W 1600 TECHNOLOGY WAY LATROBE, PA 15650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLY, B.E. 1600 TECHNOLOGY WAY LATROBE, PA 15650

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Brian Kelly 4-27-05 724-539-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment # FO300000967/14013964

**FULL SERVICE SUPPLY INC.**

**OFFICERS AND DIRECTORS**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Martin D. Newingham	President & Director	1600 Technology Way Latrobe, PA 15650
Scott T. Toman	Vice President & Chief Financial Officer	1600 Technology Way Latrobe, PA 15650
Kevin G. Nowe	Vice President, Secretary & Director	1600 Technology Way Latrobe, PA 15650
James E. Morrison	Vice President	1600 Technology Way Latrobe, PA 15650
Lawrence J. Lanza	Treasurer	1600 Technology Way Latrobe, PA 15650
David W. Greenfield	Assistant Secretary	1600 Technology Way Latrobe, PA 15650
Brian E. Kelly	Assistant Treasurer	1600 Technology Way Latrobe, PA 15650
Carlos M. Cardoso	Director	1600 Technology Way Latrobe, PA 15650