

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002132

1. Entity Name
TOLLGRADE COMMUNICATIONS, INC.



Principal Place of Business

**493 NIXON ROAD
CHESWICK, PA 15024**

Mailing Address

**493 NIXON ROAD
CHESWICK, PA 15024**

DO NOT WRITE IN THIS SPACE

(F 0 3 0 0 0 0 0 2 1 3 2 P)

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1537134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DOEO
NAME	ALLISON, CHRISTIAN L
STREET ADDRESS	493 NIXON ROAD
CITY - ST - ZIP	CHESWICK, PA 15024
TITLE	P
NAME	PETERSON, MARK B
STREET ADDRESS	493 NIXON ROAD
CITY - ST - ZIP	CHESWICK, PA 15024
TITLE	S
NAME	ANTOL, SARA M
STREET ADDRESS	493 NIXON ROAD
CITY - ST - ZIP	CHESWICK, PA 15024
TITLE	TCFO
NAME	KNOCH, SAMUEL C
STREET ADDRESS	493 NIXON ROAD
CITY - ST - ZIP	CHESWICK, PA 15024
TITLE	D
NAME	BARNES, JAMES J ESQ.
STREET ADDRESS	435 SIXTH AVENUE
CITY - ST - ZIP	PITTSBURGH, PA 15219
TITLE	D
NAME	BARRY, DANIEL P
STREET ADDRESS	18210 MOONLIGHT MESA ROAD
CITY - ST - ZIP	WICKENBURG, AZ 853902471

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04/29/04-80021-011 150.00

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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: Samuel C. Knoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04
Date

412 820 1400
Daytime Phone #