


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 021 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 25-1537134	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGAN, DAVID S 435 SIXTH AVE PITTSBURGH, PA 15219 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 436 Seventh Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO PETERSON, MARK B 493 NIXON ROAD CHESWICK, PA 15024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mullins, Brian C. 5421 Kipling Road Pittsburgh PA 15217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTOL, SARA M 493 NIXON ROAD CHESWICK, PA 15024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kampmeier, Robert W. 600 Grant Street Pittsburgh PA 15219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO KNOCH, SAMUEL C 493 NIXON ROAD CHESWICK, PA 15024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Heibel, Richard H. 128 Golden Gate Point Sarasota FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JAMES J ESQ. 435 SIXTH AVENUE PITTSBURGH, PA 15219 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 436 Seventh Avenue	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, DANIEL P 18210 MOONLIGHT MESA ROAD WICKENBURG, AZ 853902471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 170 Reichold Road Wexford, PA 15090	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Samuel C. Knoch</i> (CFO) Treasurer 4/14/06 412-820-1400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					