2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# F03000002132

Entity Name: TOLLGRADE COMMUNICATIONS, INC.

Current Principal Place of Business:

493 NIXON ROAD
CHESWICK, PA 15024

New Principal Place of Business:

Current Mailing Address:

493 NIXON ROAD
CHESWICK, PA 15024

New Mailing Address:

FEI Number: 25-1537134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MULLINS, BRIAN C	
Address:	5421 KIPLING ROAD	
City-St-Zip:	PITTSBURGH, PA 15217	
Title:	DCEO	( ) Delete
Name:	FERRARA, JOSEPH A	
Address:	493 NIXON ROAD	
City-St-Zip:	CHESWICK, PA 15024	
Title:	S	( ) Delete
Name:	ANTOL, SARA M	
Address:	493 NIXON ROAD	
City-St-Zip:	CHESWICK, PA 15024	
Title:	TCFO	( ) Delete
Name:	KNOCH, SAMUEL C	
Address:	493 NIXON ROAD	
City-St-Zip:	CHESWICK, PA 15024	
Title:	D	( ) Delete
Name:	BARNES, JAMES J ESQ.	
Address:	436 7TH AVE	
City-St-Zip:	PITTSBURGH, PA 15219	
Title:	D	( ) Delete
Name:	BARRY, DANIEL P	
Address:	170 REICHOLD RD	
City-St-Zip:	WEXFORD, PA 15090	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TCFO	(X) Change ( ) Addition
Name:	BOGATAY, GARY W	
Address:	493 NIXON ROAD	
City-St-Zip:	CHESWICK, PA 15024	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. BOGATAY TCFO 02/25/2009

Electronic Signature of Signing Officer or Director — Date