


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 039 ***550.00

DOCUMENT # F03000004678 1. Entity Name PORT-LAND SYSTEMS, INC.	
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Principal Place of Business 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234	Mailing Address 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234
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50065962



08182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1763703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEASE, TIM J 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP COOK, CURTIS R 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSERLY, TERESA H 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEASE, TIM J 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Teresa H. Casserly 8/20/05 412-344-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #