

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 MAR -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/12/04 90034023 150.00



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1801003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 CP
NAME SKUBA, HERBERT S
STREET ADDRESS 724 PERSHING STREET
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE VC
NAME NEUPAUER, MICHAEL
STREET ADDRESS 510 JAMISON AVENUE
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE D
NAME HANEWALD, RICHARD
STREET ADDRESS P.O. BOX 733
CITY-ST-ZIP FRANKLIN, PA 16323

TITLE D
NAME WHITE, JOHN
STREET ADDRESS 3200 COLLEGE AVENUE
CITY-ST-ZIP BEAVER FALLS, PA 15010

TITLE S
NAME MARTZ, FRANK
STREET ADDRESS 600 LAWRENCE AVENUE
CITY-ST-ZIP ELLWOOD CITY, PA 16117

TITLE T
NAME LITTLE, CHRISTOPHER M
STREET ADDRESS 724 PERSHING STREET
CITY-ST-ZIP ELLWOOD CITY, PA 16117

**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:

Christopher M. Little CHRISTOPHER M. LITTLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

724-752-6919

Daytime Phone #

TREASURER