2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004870

Entity Name: FORT PITT CAPITAL GROUP, INC.

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
680 ANDEI	-		·		
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
680 ANDER PITTSBUR	RSEN DR GH, PA 1522	0			
FEI Number:	25-1768797	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
STE. 103 NAPLES, F	EL OAK DRIVE FL 34108 US named entitys		urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CFO () SMITH, CHARL 680 ANDERSEI PITTSBURGH,	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFA () KREPS, DOUG 680 ANDERSEI PITTSBURGH,	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SV () BLEHAR, MICH 680 ANDERSEI PITTSBURGH,	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () HOEBLER, ARI 680 ANDERSEI PITTSBURGH,	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BOVARD, THEO 680 ANDERSEI PITTSBURGH,	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DOUGLAS KREPS MGR 03/28/2009