

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 11, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # F05000006961**

1. Entity Name

J. EDWARD CONNELLY ASSOCIATES, INC.



Principal Place of Business

2180 NOBLESTOWN ROAD  
PITTSBURGH, PA 15205

Mailing Address

2180 NOBLESTOWN ROAD  
PITTSBURGH, PA 15205



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

25-1313766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JARVIS, PETER  
STREET ADDRESS 2180 NOBLESTOWN ROAD  
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE S  
NAME WIRGINIS, AUDREE  
STREET ADDRESS 2180 NOBLESTOWN ROAD  
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE VPT  
NAME GRAY, TIMOTHY  
STREET ADDRESS 2180 NOBLESTOWN ROAD  
CITY-ST-ZIP PITTSBURGH, PA 15205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000823539  
02/20/08-80042-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY J. GRAY

Date

1-04-08

Daytime Phone #

(412) 920-4100