


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 027 \*\*\*150.00

<b>DOCUMENT # F06000002482</b> 1. Entity Name THE YORK GROUP, INC.	
--	---

Principal Place of Business TWO NORTHSORE CENTER PITTSBURGH, PA 15212	Mailing Address TWO NORTHSORE CENTER PITTSBURGH, PA 15212
---	---

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0490631	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
---

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KELLY, DAVID M TWO NORTHSORE CENTER PITTSBURGH, PA 15212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PONTONE, HARRY TWO NORTHSORE CENTER PITTSBURGH, PA 15212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTOLACCI, JOSEPH C TWO NORTHSORE CENTER PITTSBURGH, PA 15212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NICOLA, STEVEN F TWO NORTHSORE CENTER PITTSBURGH, PA 15212
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 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: X [Signature] 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 412-442-8200  
Date Daytime Phone #