2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006184

Entity Name: MID ATLANTIC CAPITAL CORPORATION

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
SUITE 510	ERFRONT PL) RGH, PA 1522				
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
1251 WATERFRONT PLACE SUITE 510 PITTSBURGH, PA 15222					
FEI Number	: 25-1409618	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:	
	ORATION TH PINE ISLA ION, FL 33324				
	named entity e	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DOWN, DAVID	Delete RONT PLACE, SUITE 510 PA 15222	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FONG, SARAH	Delete RONT PLACE, SUITE 510 PA 15222	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROWN, TIM	Delete RONT PLACE, SUITE 510 PA 15222	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVINE, JEAN	RONT PLACE, SUITE 510	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BANCO, JOSE) Delete PH F RONT PLACE, SUITE 510	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: JOSEPH F. BANCO S 03/05/2009

City-St-Zip: PITTSBURGH, PA 15222