


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006584
 1. Entity Name
 JOSEPH B. FAY CO.



Principal Place of Business
 100 SKY LANE
 TARENTUM, PA 15084

Mailing Address
 P.O. BOX 66
 RUSSELLTON, PA 15076

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 25-0930077 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO FAY, ROBERT B. JR. P.O. BOX 66 RUSSELLTON, PA 15076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO FAY, SHAWN M. SR. P.O. BOX 66 RUSSELLTON, PA 15076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WATKINS, DENNIS P.O. BOX 66 RUSSELLTON, PA 15076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILKINSON, JAMES E. P.O. BOX 66 RUSSELLTON, PA 15076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WESTROM, THOMAS M. P.O. BOX 66 RUSSELLTON, PA 15076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS DACEY, ARLEEN F. P.O. BOX 66 RUSSELLTON, PA 15076 |

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 03/21/07-80049-017-150.00

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: Arleen F. Dacey Corp Sec 03/02/07 724-265-4600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #