

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90197 015 \*\*\*150.00

**DOCUMENT # F07000004500**

1. Entity Name  
**BARRISTERS LAND ABSTRACT COMPANY**



Principal Place of Business: **119 GAMMA DR. PITTSBURGH, PA 15238**

Mailing Address: **119 GAMMA DR. PITTSBURGH, PA 15238**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**400500-**



02222008 Chg-P CR2E034 (12/06)

4. FEI Number **25-1385271**

Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HANNA, HOWARD W**  
**4005 GULF SHORE BLVD. NORTH PH8**  
**NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

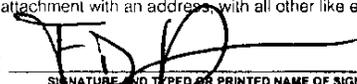
**10. OFFICERS AND DIRECTORS**

TITLE	DS	<input type="checkbox"/> Delete
NAME	CESTRA, ANNIE H	
STREET ADDRESS	119 GAMMA DR.	
CITY-ST-ZIP	PITTSBURGH, PA 15238	
TITLE	C	<input type="checkbox"/> Delete
NAME	HANNA, HOWARD W III	
STREET ADDRESS	119 GAMMA DR.	
CITY-ST-ZIP	PITTSBURGH, PA 15238	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LLOYD, DAVID F	
STREET ADDRESS	119 GAMMA DR.	
CITY-ST-ZIP	PITTSBURGH, PA 15238	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEELE, MARK D	
STREET ADDRESS	119 GAMMA DR.	
CITY-ST-ZIP	PITTSBURGH, PA 15238	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANNA, F. DUFFY	
STREET ADDRESS	119 GAMMA DR.	
CITY-ST-ZIP	PITTSBURGH, PA 15238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **Duffy, F Hanna** **2/26/08** **412-967-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #