

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001976

Entity Name: BLAIR SIGN COMPANY

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

259 LAKEMONT PARK BLVD., SUITE 200
ALTOONA, PA 16602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2566
ALTOONA, PA 16603

New Mailing Address:

FEI Number: 25-1260443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEVORRIS, PHILLIP
Address: 259 LAKEMONT PARK BLVD., SUITE 200
City-St-Zip: ALTOONA, PA 16602

Title: TR
Name: WAGNER, KATHY
Address: 259 LAKEMONT PARK BLVD., SUITE 200
City-St-Zip: ALTOONA, PA 16602

Title: SC
Name: MOORE, JACQUELINE
Address: 259 LAKEMONT PARK BLVD., SUITE 200
City-St-Zip: ALTOONA, PA 16602

Title: DR
Name: DEVORRIS, DONALD
Address: 259 LAKEMONT PK BLVD STE 200
City-St-Zip: ALTOONA, PA 16602

Title: DR
Name: ABSHAGEN, TIMOTHY C DIR ENG
Address: 259 LAKEMONT PARK BLVD STE 200
City-St-Zip: ALTOONA, PA 16602 US

I hereby 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 all other like empowered.

SIGNATURE: KATHY WAGNER

TR

04/26/2011

Electronic Signature of Signing Officer or Director

Date