


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90026 001 ***550.00
 08-27-2008 90026 002 *****8.75


DOCUMENT # F92000000471
 1. Entity Name
FLENNIKEN SETTLEMENT SERVICES, INC.



Principal Place of Business Mailing Address
C/O DOLLAR BANK, FSB, ATTN MARGOT S CAVALI **C/O DOLLAR BANK, FSB, ATTN MARGOT S CAVALI**
3 GATEWAY CENTER, 7 WEST **3 GATEWAY CENTER, 7 WEST**
PITTSBURGH, PA 15222 **PITTSBURGH, PA 15222**

66016128

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



08252008 Chg-P CR2E034 (12/06)
 4. FEI Number
25-1695734
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OELER, ROBERT P	
STREET ADDRESS	227 LEXINGTON DR	
CITY-ST-ZIP	MCKEESPORT, PA 15135	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELLEY, JOHN F III	
STREET ADDRESS	304 WOODMONT DRIVE	
CITY-ST-ZIP	CRANBERRY, PA 16066	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOBUS, THOMAS A	
STREET ADDRESS	5 FIELDVUE LANE	
CITY-ST-ZIP	PITTSBURGH, PA 15215	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MESSNER, ROBERT T	
STREET ADDRESS	1061 BLACKRIDGE RAOD	
CITY-ST-ZIP	PITTSBURGH, PA 15235	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALFRED S	
STREET ADDRESS	1237 FIRWOOD DRIVE	
CITY-ST-ZIP	PITTSBURGH, PA 15243	
TITLE	P	<input type="checkbox"/> Delete
NAME	DARCANGELO, JANET	
STREET ADDRESS	556 SANDRAE DRIVE	
CITY-ST-ZIP	PITTSBURGH, PA 15243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>DIV</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SHELLEY, JOHN F. III</i>	
STREET ADDRESS	<i>304 WOODMONT DRIVE</i>	
CITY-ST-ZIP	<i>CRANBERRY, PA 16066</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>MEGHEE, C. ANDREW</i>	
STREET ADDRESS	<i>2184 GARRICK DRIVE</i>	
CITY-ST-ZIP	<i>PITTSBURGH, PA 15235</i>	
TITLE	<i>S</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>BATLER, NANCY P.</i>	
STREET ADDRESS	<i>1696 STURBRIDGE DR.</i>	
CITY-ST-ZIP	<i>SEWICKLEY, PA 15143</i>	
TITLE	<i>OFFICER</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CARLEEN NELSON</i>	
STREET ADDRESS	<i>4530 SUNNYBROOK ROAD</i>	
CITY-ST-ZIP	<i>BRIMFIELD OH 44240</i>	
TITLE	<i>VICE PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DIANE LAHEY</i>	
STREET ADDRESS	<i>4246 COLONIAL PARK DRIVE</i>	
CITY-ST-ZIP	<i>PITTSBURGH, PA 15227</i>	
TITLE	<i>Separate sheet with additional officers is attached</i>	<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: *Janet Darcangelo* Date: *412 261-8236*
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
JANET DARCANGELO, PRESIDENT

ATTACHMENT

66016128

F92000000471

ADDITIONAL OFFICERS

V	Bert Brooks	108 Dinwiddie Drive, New Kensington, PA 15068
T	Diane Bendzin	611 Lochinvar Drive, Pittsburgh, PA 15237
AV	Denise Pascarella	304 Devonshire Court, Cranberry Township, PA 16066
AS	Margot Oliver Cavalier	1132 Heberton St., Pittsburgh, PA 15206
AT	Mary Dzurichko	1040 Kirsopp Ave., Pittsburgh, PA 15220
AT	James Jurcic	217 Mesa Circle, Pittsburgh PA 15241
Officer	William Yeager	3807 Brownsville Road, Pittsburgh, PA 15227