

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90262 007 \*\*\*150.00

**20045943**



01312005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F94000005666</b> 1. Entity Name <b>EDGEWOOD SERVICES, INC.</b>					
Principal Place of Business <b>1001 LIBERTY AVE 20TH FLOOR PITTSBURGH, PA 15222-3779</b>			Mailing Address <b>1001 LIBERTY AVE 20TH FLOOR PITTSBURGH, PA 15222-3779</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-3742512</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DONAHUE, J. CHRISTOPHER</b> <b>1001 LIBERTY AVE., 20TH FLR. PITTSBURGH, PA 15223779</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>James F. Getz</b> <b>1001 Liberty Ave. 20FLR Pittsburgh, PA 15222-3779</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DAVIS, CHARLES L JR.</b> <b>1001 LIBERTY AVE., 20TH FLR. PITTSBURGH, PA 15223779</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>John B. Fisher</b> <b>1001 Liberty Ave. 20FLR Pittsburgh, PA 15222-3779</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JOHNSTON, CHRISTINE T</b> <b>1001 LIBERTY AVE, 20TH FL PITTSBURGH, PA 15223779</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <b>Richard A. Novak</b> <b>1001 Liberty Ave 20FLR Pittsburgh, PA 15222-3779</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MCAULEY, DENNIS III</b> <b>1001 LIBERTY AVE, 20TH FL PITTSBURGH, PA 15223779</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Treasurer <b>McAuley, Denis, III</b> <b>1001 Liberty Ave 20FLR Pittsburgh, PA 15222-3779</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD <b>DONAHUE, THOMAS R</b> <b>1001 LIBERTY AVE, 20TH FL PITTSBURGH, PA 15223779</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>C. Todd Gibson</b> <b>1001 Liberty Ave., 20FLR Pittsburgh, PA 15222-3779</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>GERMAIN, PETER J</b> <b>1001 LIBERTY AVE, 20TH FL PITTSBURGH, PA 15223779</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Germain, Peter J.</b> <b>1001 Liberty Ave 20FLR Pittsburgh, PA 15222-3779</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>			<b>C. Todd Gibson, Secretary</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4-23-05</b> Daytime Phone # <b>(412) 288-7403</b>		