

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005040**

1. Entity Name  
**SHAMROCK PROPERTIES, INC. OF DELAWARE**



Principal Place of Business  
**1001 LIBERTY AVENUE  
SUITE 850  
PITTSBURGH, PA 15222-3716**

Mailing Address  
**1001 LIBERTY AVENUE  
SUITE 850  
PITTSBURGH, PA 15222-3716**



03142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>25-1714790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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 \_\_\_\_\_

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 NAME STREET ADDRESS CITY- ST- ZIP	CP DONAHUE, JOHN F 100 BAY ROAD NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DONAHUE, J. CHRISTOPHER 1300 BEECHWOOD BLVD. PITTSBURGH, PA 15217
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DONAHUE, RHODORA J 100 BAY ROAD NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST MCGROGAN, DANIEL C 1400 NAVAHOE DR PITTSBURGH, PA 15228
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000932175  
05/22/08-80044-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

412-471-6420

Date

Daytime Phone #