

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005582

1. Corporation Name

ISDA FRATERNAL ASSOCIATION

Principal Place of Business

**419 WOOD ST
PITTSBURGH PA 15222**

Mailing Address

**419 WOOD ST
PITTSBURGH PA 15222**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		25-1091698	
City & State		City & State		5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMILIA, PATRICK R	12 NAME	Ralph C. Hartford
STREET ADDRESS	408 KINGS HWY	1.3 STREET ADDRESS	509 Corey Avenue
CITY-ST-ZIP	CARNEGIE PA 15106	1.4 CITY-ST-ZIP	Braddock, PA 15104
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELL, THOMAS	2.2 NAME	Anthony Traficante
STREET ADDRESS	238 HEMLOCK ROAD	2.3 STREET ADDRESS	1635 Harvest Hill Drive
CITY-ST-ZIP	WYNNWOOD PA 19096	2.4 CITY-ST-ZIP	Pittsburgh, PA 15239
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZELLA, ANN	3.2 NAME	
STREET ADDRESS	1312 HAZLETT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15237	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, JOSEPHINE	4.2 NAME	
STREET ADDRESS	1942 DUBONNET COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALLISON PARK PA 15101	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSO, ANTHONY	5.2 NAME	
STREET ADDRESS	6110 KENNEDY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMMOND IN 46323	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPLES, PASCAL	6.2 NAME	
STREET ADDRESS	1600 N. 20TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE PARK IL 60160	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Manzella* **SIGNATURE REQUIRED** Ann Manzella, Controller 1/13/99 (412)261-3550

CR2E037 (1/98)