

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005582

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1091698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME HARTFORD, RALPH C
STREET ADDRESS 509 COREY AVENUE
CITY-ST-ZIP BRADDOCK PA 15104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TRAFICANTE, ANTHONY
STREET ADDRESS 1635 HARVEST HILL DRIVE
CITY-ST-ZIP PITTSBURGH PA 15239

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLONNA, MARY
STREET ADDRESS 1516 HULDEN ROAD
CITY-ST-ZIP S. EUCLID OH 44121

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SC ☐ Delete
NAME DONAHUE, JOSEPHINE
STREET ADDRESS 1942 DUBONNET COURT
CITY-ST-ZIP ALLISON PARK PA 15101

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BASSO, ANTHONY
STREET ADDRESS 6110 KENNEDY AVE
CITY-ST-ZIP HAMMOND IN 46323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NAPLES, PASCAL
STREET ADDRESS 1600 N. 20TH AVE
CITY-ST-ZIP MELROSE PARK IL 60160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPHINE DONAHUE

2/5/01

(412) 261-3550

Date

Daytime Phone #

CR2E037 (10/00)