


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005906

1. Entity Name
GENCO I, INC.



Principal Place of Business
**100 PAPER CRAFT PARK
 PITTSBURGH, PA 15238**

Mailing Address
**100 PAPER CRAFT PARK
 PITTSBURGH, PA 15238**



07042004 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1766580 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GALLAGHER, MATTHEW J
 3200 NW 125TH ST BAY 16
 MIAMI, FL 33167**

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 _____ (NOTE Registered Agent signature required when re-instating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHOENE BERGER, LARRY M
STREET ADDRESS	100 PAPER CRAFT PARK
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	PCH
NAME	SHEAR, HERBERT S
STREET ADDRESS	100 PAPER CRAFT PARK
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	VP
NAME	ROAD ARMEL, RICHARD L
STREET ADDRESS	100 PAPER CRAFT PARK
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	S
NAME	SHEAR, BARBARA S
STREET ADDRESS	100 PAPER CRAFT PARK
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	D
NAME	SHEAR, GERALD
STREET ADDRESS	100 PAPER CRAFT PARK
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	D
NAME	SHEAR, HERBERT S
STREET ADDRESS	100 PAPER CRAFT PARK
CITY - ST - ZIP	PITTSBURGH, PA 15238

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 07/13/04-80001-020 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

07/04/2004 (412) 820-3700
 Date Daytime Phone #