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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003586 (2)

1. Corporation Name
T.A. FINANCIAL SERVICES, INC.

Principal Place of Business
305 MT LEBANON BLVD. SUITE 400
PITTSBURGH PA 15234

Mailing Address
305 MT LEBANON BLVD. SUITE 400
PITTSBURGH PA 15234-1516



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2 VETERANS SQUARE

Suite, Apt. #, etc.

27 2ND FLOOR

City & State

28 MEDIA, PA. 19063

29 19063 30 USA

3. Date Incorporated or Qualified
07/16/1996

3a. Date of Last Report

4. FEI Number

23-2717528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

TAGLIARINI, PHILIP
7777 131ST ST, SUITE 10
SEMINOLE FL 34648

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME COTTER, J. WILLIAM JR
STREET ADDRESS 2 VETERANS SQUARE
CITY-ST-ZIP MEDIA PA 19061

TITLE STD ☒ DELETE

NAME CAVANAUGH, JAMES C
STREET ADDRESS 2 VETERANS SQUARE
CITY-ST-ZIP MEDIA PA 19061

TITLE D ☐ DELETE

NAME CONNERS, W. PATRICK
STREET ADDRESS 2 VETERANS SQUARE
CITY-ST-ZIP MEDIA PA 19061

TITLE PD ☐ DELETE

NAME DE GENNARO, PATTI
STREET ADDRESS 302 MT LEBANON BLVD, SUITE 400
CITY-ST-ZIP PITTSBURGH PA 15234

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST ☐ Change ☒ Addition

1.2 NAME THOMAS P. O'DONNELL
1.3 STREET ADDRESS 78 ST. DAVIDS ROAD
1.4 CITY-ST-ZIP SPRINGFIELD, PA. 19064

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME MC GRATH, TIMOTHY J.
2.3 STREET ADDRESS 179 WEST ARBOR AVENUE
2.4 CITY-ST-ZIP VINELAND, NJ 08360

3.1 TITLE D ☒ Change ☒ Addition

3.2 NAME WALSH, LAWRENCE F.
3.3 STREET ADDRESS 216 ARCHER COURT
3.4 CITY-ST-ZIP MALVERN, PA. 19355

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME WROBLEWSKI, MAUREEN J
4.3 STREET ADDRESS 105 BLACK BASS KAKE E.
4.4 CITY-ST-ZIP MEDIA, PA. 19063

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TIMOTHY J. MCGRATH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(610)892-8100

Date

Daytime Phone #

0007401

CR2E034 (9/96)