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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

2 VETERANS SQUARE
2ND FLOOR
MEDIA PA 19063
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

TAGLIARINI, PHILIP
7777 131ST ST, SUITE 10
SEMINOLE FL 34646

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 typed or printed name of registered agent and filled in applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ST
NAME O'DONNELL, THOMAS P.
STREET ADDRESS 78 ST. DAVIDS RD.
CITY-ST-ZIP SPRINGFIELD PA ☐ DELETE

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

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

TITLE D
NAME MCGRATH, TIMOTHY J.
STREET ADDRESS 179 WEST ARBOR AVE.
CITY-ST-ZIP VINELAND NJ ☐ DELETE

TITLE D
NAME WALSH, LAWRENCE F.
STREET ADDRESS 216 ARCHER CT.
CITY-ST-ZIP MALVERN PA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *J. William Cotter, Jr.* J. WM. COTTER, JR. 04/30/98

CR2E034 (10/97)