

ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90086 032 ***158.75

DOCUMENT # F96000003586

Entity Name

A. FINANCIAL SERVICES, INC.

Principal Place of Business

**VETERAN SQUARE
 ANKSVILLE BUSINESS CENTER
 PITTSBURGH, PA 15234**

Mailing Address

**2 VETERANS SQUARE
 2ND FLOOR
 MEDIA, PA 19063 US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

23-2717528

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**IT CORPORATION SYSTEM
 200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

FILE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
FILE	C																		
NAME	COTTER, J. WILLIAM JR				NAME				NAME				NAME				NAME		
STREET ADDRESS	2 VETERANS SQUARE				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	MEDIA, PA 19063				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP		
FILE	P				FILE				FILE				FILE				FILE		
NAME	DE GENARO, PATTI J				NAME				NAME				NAME				NAME		
STREET ADDRESS	2831 BANKSVILLE ROAD				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	PITTSBURGH, PA 15234				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP		
FILE	S				FILE				FILE				FILE				FILE		
NAME	WARNER, NANCY D				NAME				NAME				NAME				NAME		
STREET ADDRESS	2 VETERAN SQUARE				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	MEDIA, PA 19063				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP		
FILE	D				FILE				FILE				FILE				FILE		
NAME	RE DAVID, LILLIAN				NAME				NAME				NAME				NAME		
STREET ADDRESS	2 VETERAN SQUARE				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	MEDIA, PA 19063				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP		
FILE	D				FILE				FILE				FILE				FILE		
NAME	MC PARTLAND, LORETTA A				NAME				NAME				NAME				NAME		
STREET ADDRESS	2 VETERAN SQUARE				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	MEDIA, PA 19063				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP		
FILE	D				FILE				FILE				FILE				FILE		
NAME	CONNERS, W. PATRICK				NAME				NAME				NAME				NAME		
STREET ADDRESS	43 COTTON DIKE COURT				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	DATAW ISLAND, SC 29920				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP				CITY - ST - ZIP		

2. 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 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: *Nancy D. Warner, Secretary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #

NANCY D. WARNER,