## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003586

Address:

City-St-Zip:

2831 BANSKVILLE ROAD

PITTSBURGH, PA 15216

Entity Name: T.A. FINANCIAL SERVICES, INC.

FILED Apr 11, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2831 BANKSVILLE ROAD PITTSBURGH, PA 15216 **Current Mailing Address: New Mailing Address:** 2 VETERANS SQUARE 2ND FLOOR MEDIA, PA 19063 FEI Number: 23-2717528 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete () Change () Addition DEGENNARO, PATTI Name: Name: 2831 BANKSVILLE ROAD Address: Address: City-St-Zip: PITTSBURGH, PA 15216 City-St-Zip: Title: Title: () Delete () Change () Addition Name: REDAVID, LILLIAN Name: 2 VETERAN SQUARE Address: Address: MEDIA, PA 19063 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MCCARDLE, M.M. Name: Name: 2 VETERAN SQUARE Address: Address: City-St-Zip: MEDIA, PA 19063 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MCGRATH, JANET Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MANDELINE HENDRICKS POA 04/11/2008