## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003586

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

FILED Mar 25, 2009 Secretary of State

| Current Principal Place of Business:                         |   |                                  |             | New Principal Place of Business:                          |  |                |                           |
|--|---|----------------------------------|-------------|---|--|----------------|---------------------------|
| 2831 BANKSVILLE ROAD<br>PITTSBURGH, PA 15216                 |   |                                  |             | 2 VETERANS SQ<br>MEDIA, PA 19063                          |  |                |                           |
| 11110001   | (011,170 10210  |                                  |             | VICDI/ (, 1 / )   | 10000  |                |                           |
| Current Mailing Address:                                     |   |                                  |             | New Mailing Address:                                      |  |                |                           |
| 2 VETERANS SQUARE<br>2ND FLOOR<br>MEDIA, PA 19063 US         |   |                                  |             | 2 VETERANS SQ<br>MEDIA, PA 19063                          |  |                |                           |
| FEI Number: 23-2717528 FEI Number Applied For ( ) FEI Number |   |                                  |             | mber Not Applicable ( ) Certificate of Status Desired ( ) |  |                |                           |
| Name and   | d Address of C  | urrent Registered Agent:         | ı           | Name and  | Address o                                    | f New Reg      | istered Agent:            |
| 1200 SOU<br>PLANTATI   | ORATION SYS<br>ITH PINE ISLAI<br>ION, FL 33324            | ND ROAD<br>US                    | _           |   |  |                |                           |
|  | e named entity s<br>e of Florida.                         | submits this statement for the p | urpose of o | changing i  | ts registered                                | d office or re | egistered agent, or both, |
| SIGNATU  |   |                                  |             |   |  |                |                           |
|  | Electron  | ic Signature of Registered Age   | nt          |   |  |                | Date                      |
| Election Car   | mpaign Financing  | g Trust Fund Contribution ( ).   |             |   |  |                |                           |
| OFFICERS AND DIRECTORS:                                      |   |                                  |             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR                |  |                |                           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | PCEO ()<br>DEGENNARO, I<br>2831 BANKSVII<br>PITTSBURGH, I | LLE ROAD                         | N<br>A<br>C | Fitle:<br>Name:<br>Address:<br>City-St-Zip:               | PRES<br>DEGENNAR<br>2 VETERAN<br>MEDIA, PA   | S SQ<br>19063  |                           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | S ()<br>REDAVID, LILL<br>2 VETERAN SQ<br>MEDIA, PA 190    | UARE                             | ۱<br>م      | Fitle:<br>Name:<br>Address:<br>City-St-Zip:               | SEVP<br>WARNER, N<br>2 VETERAN<br>MEDIA, PA  | s sq           | ( ) Addition              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | T ()<br>MCCARDLE, M<br>2 VETERAN SQ<br>MEDIA, PA 190      | UARE                             | ۱<br>م      | Fitle:<br>Name:<br>Address:<br>City-St-Zip:               | TRES<br>REDAVID, L<br>2 VETERAN<br>MEDIA, PA | S SQ           | ( ) Addition              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | V ()<br>MCGRATH, JAN<br>2831 BANSKVII<br>PITTSBURGH, I    | LLE ROAD                         | /<br>A      | Fitle:<br>Name:<br>Address:<br>City-St-Zip:               | VP<br>KILLMEYER<br>2 VETERAN:<br>MEDIA, PA   | SSQ            | ( ) Addition              |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | ( )   | Delete                           | ۱<br>م      | Fitle:<br>Name:<br>Address:<br>City-St-Zip:               | VP<br>MCGRATH, ,<br>2 VETERAN:<br>MEDIA, PA  | S SQ           | X) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                  | ()  | Delete                           | ۸<br>م      | Fitle:<br>Name:<br>Address:<br>City-St-Zip:               | AVP<br>VALETTI, KA<br>2 VETERAN<br>MEDIA, PA | SSQ            | X) Addition               |

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.

SIGNATURE: LAURA LOUIS POA 03/25/2009