

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000003586

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2 VETERANS SQ  
MEDIA, PA 19063

**New Principal Place of Business:**

2 VETERANS SQUARE 2ND FLOOR  
MEDIA, PA 190633191 US

**Current Mailing Address:**

2 VETERANS SQ  
MEDIA, PA 19063

**New Mailing Address:**

2 VETERANS SQUARE 2ND FLOOR  
MEDIA, PA 190633191 US

**FEI Number:** 23-2717528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DEGENNARO, PATTI PRES  
Address: 2 VETERANS SQ.  
City-St-Zip: MEDIA, PA 19063 US

Title: SEC  
Name: WARNER, NANCY SEC  
Address: 2 VETERANS SQ.  
City-St-Zip: MEDIA, PA 19063 US

Title: T  
Name: REDAVID, LILLIAN T  
Address: 2831 BANKSVILLE RD.  
City-St-Zip: PITTSBURGH, PA 15216 US

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date