

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001676

1. Entity Name
EFS REAL ESTATE INFORMATION SERVICES, INC.



Principal Place of Business
**875 GREENTREE RD
SUITE 275, BLDG 9
PITTSBURGH, PA 15220**

Mailing Address
**875 GREENTREE RD
SUITE 275, BLDG 9
PITTSBURGH, PA 15220**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1493416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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

TITLE	CP
NAME	FUCHS, RICHARD M
STREET ADDRESS	1380 REDFERN DR
CITY-ST-ZIP	PITTSBURGH, PA 15241
TITLE	S
NAME	BELL, SCOTT A
STREET ADDRESS	413 SLEEPY HOLLOW RD
CITY-ST-ZIP	PITTSBURGH, PA 15228
TITLE	T
NAME	VOGEL, DONNA
STREET ADDRESS	5678 FLORIDA AVE
CITY-ST-ZIP	BETHEL PARK, PA 15102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000193340
01/25/05-80056-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott A. Bell

1-14-05 412-922-7700

Date

Daytime Phone #