

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005985

1. Entity Name
TELE-TRACKING TECHNOLOGIES, INC.



Principal Place of Business
**THE TIMES BUILDING
7TH FL, 336 FOURTH AVENUE
PITTSBURGH, PA 15222**

Mailing Address
**THE TIMES BUILDING
7TH FL, 336 FOURTH AVENUE
PITTSBURGH, PA 15222**



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1828750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NACEY, GENE
1140 COPELAND RD
LEECHBURG, PA 15656**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SGC
ROBERTS, KIMBERLY G
623 HARBAUGH STREET
SEWICKLEY, PA 15143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZAMAGIAS, MICHAEL G
336 FOURTH AVE., 8TH FLOOR
PITTSBURGH, PA 15222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DFOT
STEPHEN, KIRK
128 RADCLIFF DRIVE
PITTSBURGH, PA 15237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANZO, ANTHONY
BLACKBURN RD
SEWICKLEY, PA 15143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000093980
03/22/04-80040-024 150.00

**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: X *Kimberly G Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3.15.04
Date

Daytime Phone #