

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 014 \*\*\*550.00

**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**

40118601



05222007 No Chg-P CR2E034 (11/05)

**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 \$550.00  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NACEY, GENE
STREET ADDRESS	1140 COPELAND RD
CITY-ST-ZIP	LEECHBURG, PA 15656
TITLE	SGC
NAME	ROBERTS, KIMBERLY G
STREET ADDRESS	623 HARBAUGH STREET
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	D
NAME	ZAMAGIAS, MICHAEL G
STREET ADDRESS	336 FOURTH AVE., 8TH FLOOR
CITY-ST-ZIP	PITTSBURGH, PA 15222
TITLE	DFOT
NAME	STEPHEN, KIRK
STREET ADDRESS	128 RADCLIFF DRIVE
CITY-ST-ZIP	PITTSBURGH, PA 15237
TITLE	PD
NAME	SANZO, ANTHONY
STREET ADDRESS	BLACKBURN RD
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

5/24/07

Date

Daytime Phone #