


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 002 ***150.00

DOCUMENT # F99000003918 1. Entity Name NATIONAL REALTY SERVICES, INC.	
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Principal Place of Business 4415 FIFTH PITTSBURGH, PA 15213	Mailing Address 4415 FIFTH PITTSBURGH, PA 15213
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1472701	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BASKIN, SEYMOUR 4415 FIFTH PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KAMIN, MARVIN 4415 FIFTH PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JAMES 4415 FIFTH PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BALSINGER, WILLIAM E 4415 FIFTH PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLINO, KATHLEEN 4415 FIFTH PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CONNOR, DIANE 4415 FIFTH AVE PITTSBURGH, PA 15213

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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: Kathleen Bellino VP 412-578-7828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #