

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000004462

1. Entity Name  
COMAX, INC.



Principal Place of Business

C/O THE BEECHWOOD COMPANY  
1001 LIBERTY AVENUE SUITE 850  
PITTSBURGH, PA 15222-3716

Mailing Address

C/O THE BEECHWOOD COMPANY  
1001 LIBERTY AVENUE SUITE 850  
PITTSBURGH, PA 15222-3716



03062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1556748

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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

U00000337302  
04/27/05-80162-004 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DONAHUE, THOMAS R
STREET ADDRESS	106 HAVERFORD ROAD
CITY- ST- ZIP	PITTSBURGH, PA 15219
TITLE	V
NAME	MCGROGAN, DANIEL C
STREET ADDRESS	1400 NAVAHOE DRIVE
CITY- ST- ZIP	PITTSBURGH, PA 15228
TITLE	STD
NAME	DONAHUE, J. CHRISTOPHER
STREET ADDRESS	1300 BEECHWOOD BOULEVARD
CITY- ST- ZIP	PITTSBURGH, PA 15217
TITLE	CD
NAME	DONAHUE, JOHN F
STREET ADDRESS	100 BAY ROAD
CITY- ST- ZIP	NAPLES, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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:

*Daniel C McGrogan* V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 412-471-6420  
Date Daytime Phone #