

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 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**



03072007 No Chg-P CR2E034 (11/05)

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, 2007 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	PD DONAHUE, THOMAS R 106 HAVERFORD ROAD PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGROGAN, DANIEL C 1400 NAVAHOE DRIVE PITTSBURGH, PA 15228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DONAHUE, J. CHRISTOPHER 1300 BEECHWOOD BOULEVARD PITTSBURGH, PA 15217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DONAHUE, JOHN F 100 BAY ROAD NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-80008-003 158.75

**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:

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

3/7/07 471-6420
Date Daytime Phone #

DANIEL C. MCGROGAN