


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**DOCUMENT # G41615**

1. Entity Name  
ELIAS PROPERTIES, INC.



**FILED**  
**Jul 03, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
% WILLIAM S MARSHALL  
605 EPSILON DRIVE - P O BOX 2812  
PITTSBURGH, PA 15238-2807

Mailing Address  
% WILLIAM S MARSHALL  
605 EPSILON DRIVE - P O BOX 2812  
PITTSBURGH, PA 15238-2807 US



06132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1444571

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARSHALL, WILLIAM S.  
700 BRICKELL AVE., SUITE 401  
MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ELIAS, NORMAN 605 EPSILON DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELIAS, SYLVIA 605 EPSILON DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ELIAS, RICHARD 605 EPSILON DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000953508  
07/03/08-80001-015 150.00

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: Sylvia M. Elias **6/24/08** **412-963-1306**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**SYLVIA M. ELIAS**