


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90021 008 \*\*\*150.00

**DOCUMENT # H34759**  
 1. Entity Name  
 WESTCO MANAGEMENT, INC.



Principal Place of Business  
 4415 FIFTH AVE.  
 PITTSBURGH, PA 15213

Mailing Address  
 4415 FIFTH AVE.  
 PITTSBURGH, PA 15213

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-2483699

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, JAMES  
 1001 3RD AVE. WEST  
 SUITE 600  
 BRADENTON, FL 34205

**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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AVP
NAME	MASON, MARTIN
STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	VP
NAME	KREUTZER, KAREN
STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH, PA 15213
TITLE	CD
NAME	BASKIN, SEYMOUR
STREET ADDRESS	4415 FIFTH AVENUE
CITY-ST-ZIP	PITTSBURGH, PA
TITLE	ASV
NAME	BELLINO, KATHLEEN
STREET ADDRESS	4415 5TH AVE
CITY-ST-ZIP	PITTSBURGH, PA
TITLE	VT
NAME	BALSINGER, WILLIAM
STREET ADDRESS	4415 5TH AVENUE
CITY-ST-ZIP	PITTSBURGH, PA
TITLE	DP
NAME	ALLEN, JAMES R
STREET ADDRESS	1001 THIRD AVE W. STE 600
CITY-ST-ZIP	BRADENTON, FL 34205

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