

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000318

1. Entity Name
HARDY HOLDINGS, LLC, A PENNSYLVANIA L.L.C.



Principal Place of Business
**C/O CORPORATE TAX OFFICE
1019 ROUTE 519
EIGHTY FOUR, PA 15330-2813**

Mailing Address
**C/O CORPORATE TAX OFFICE
1019 ROUTE 519
EIGHTY FOUR, PA 15330-2813**



04012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1811402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

UNRECORDED
04/02/04 08:00:00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**MGR
MAGERKO, MARGARET HARDY
1019 ROUTE 519
EIGHTY FOUR, PA 153302813**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**MGRM
IRREVOCABLE TRUST (6/30/97)
1019 ROUTE 519
EIGHTY FOUR, PA 153302813**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**MGRM
91 TRUST
1019 ROUTE 519
EIGHTY FOUR, PA 153302813**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**V
CARLSEN, DAVID E
1019 ROUTE 519
EIGHTY FOUR, PA 153302813**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

VP OF TAXATION

04/01/04

724-228-8820

Date Daytime Phone #