2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04812

Entity Name: COOKSON, PEIRCE & CO., INC.

FILED Jan 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
535 SMITHFIELD STREET PITTSBURGH, PA 152222311 US				555 GRANT STREET PITTSBURGH, PA 152194421 US		
Current Mailing Address:				New Mailing Address:		
535 SMITHFIELD STREET PITTSBURGH, PA 152222311 US				555 GRANT STREET PITTSBURGH, PA 152194421 US		
FEI Number	: 25-1449860	FEI Number Applied For()	FEI Numb	er Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	N	lame and	Address of New Registered Agent:	
The above	E [°] WAY PRINGS, FL		ourpose of c	changing it	ts registered office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			Δ.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	COOKSON, JA 26221 ISLE W	*	N A	itle: lame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (PEIRCE, ROBI 304 SNOWBEI VENETIA, PA	RRY	N A	itle: lame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COOKSON, DO 26221 ISLE W		N A	itle: lame: ddress: ity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP (SANTORY, NA 111 ROBINSO BUTLER, PA 1	N RUN ROAD	N A	itle: lame: ddress: ity-St-Zip:	EVP (X) Change () Addition SANTORY, NANCY L 136 RUSTIQUE LANE BUTLER, PA 160023958 US	
Title: Name: Address: City-St-Zip:	MILLER, BRUC 7022 LYON'S		N A	itle: lame: ddress: tity-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	N A	itle: lame: ddress: ity-St-Zip:	EVP () Change (X) Addition HENDERSON, DANIEL S EVP 269 SUTHERLAND DRIVE VENETIA, PA 15367	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE COOKSON PD 01/26/2006