

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91021 001 \*\*\*150.00

**DOCUMENT # P07045**

1. Entity Name  
**M & J MANAGEMENT PITTSBURGH, INC.**



Principal Place of Business  
**147 DELTA DRIVE  
PITTSBURGH, PA 15238 US**

Mailing Address  
**147 DELTA DRIVE  
PITTSBURGH, PA 15238 US**

**DO NOT WRITE IN THIS SPACE**

02132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**25-1200758**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCLURE, ROBERT W  
500 FIFTH AVENUE SOUTH  
SUITE 509  
NAPLES, FL 34102**

**ADDRESS CHANGE:  
3461 BONITA BAY BLVD  
SUITE 101  
BONITA SPRINGS FL  
34134**

**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 **ROBERT W. MCCLURE - NOTE ADDRESS CHANGE ABOVE**

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DELLIGATTI, MICHAEL J.  
STREET ADDRESS 147 DELTA DRIVE  
CITY-ST-ZIP PITTSBURGH, PA

TITLE SD  
NAME DELLIGATTI, JAMES A.  
STREET ADDRESS 147 DELTA DRIVE  
CITY-ST-ZIP PITTSBURGH, PA 15238

TITLE T  
NAME HUBERT, DANIEL E.  
STREET ADDRESS 147 DELTA DRIVE  
CITY-ST-ZIP PITTSBURGH, PA

TITLE V  
NAME DELLIGATTI, DANIEL J  
STREET ADDRESS 147 DELTA DRIVE  
CITY-ST-ZIP PITTSBURGH, PA 15238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: \* *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/04*  
Date

*712/963-6440*  
Daytime Phone #