


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-26-2004 90018 031 \*\*\*150.00

<b>DOCUMENT # P24066</b>	
1. Entity Name <b>EMC MARKETING &amp; ADVERTISING, INC.</b>	

Principal Place of Business <b>C/O EMC, 210 SIXTH AVENUE 33RD FLOOR PITTSBURGH, PA 15222 US</b>	Mailing Address <b>C/O EMC, 210 SIXTH AVENUE 33RD FLOOR PITTSBURGH, PA 15222 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDIATE, ANTHONY F 300 SIXTH AVE, 8TH FLOOR PITTSBURGH, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>210 Sixth Ave. 33rd Fl. Pittsburgh PA 15222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEMNICK, N. GREGORY 300 SIXTH AVENUE PITTSBURGH, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address as above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLOVER, KATHLEEN 300 SIXTH AVE, 8TH FLOOR PITTSBURGH, PA 15222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address as above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIBBLE, KRISTEN H 300 SIXTH AVENUE, 8 FL PITTSBURGH, PA 15222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address as above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINBERG, FREDERICK W. 300 SIXTH AVENUE PITTSBURGH, PA 15222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>address as above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Kristen Hubble* **Kristen Gribble, Treasurer** 1/16/04 412-562-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #