

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P27172	
1. Entity Name ELLIOTT COMPANY	
Principal Place of Business NORTH FOURTH STREET JEANNETTE, PA 15644	Mailing Address NORTH FOURTH STREET JEANNETTE, PA 15644



05052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1555755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PORTER, HERMAN
STREET ADDRESS	NORTH FOURTH STREET
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	PCEO
NAME	MALONEY, DONAL
STREET ADDRESS	901 NORTH FOURTH ST.
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	VS
NAME	COX, WILLIAM K
STREET ADDRESS	NORTH FOURTH STREET
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	VP
NAME	URUMA, YASUYUKI
STREET ADDRESS	901 NORTH FOURTH ST.
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	VCFO
NAME	ITABASHI, ICHIRO
STREET ADDRESS	901 NORTH FOURTH STREET
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	T
NAME	STEINMETZ, CHARLES T
STREET ADDRESS	901 N. FOURTH STREET
CITY-STATE-ZIP	JEANNETTE, PA 15644

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**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: X William K. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/05 724-100-8196
Date Daytime Phone #