2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P27405

1. Entity Name
84 ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813	1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1613131
☐ Applied For
☐ Not Applicable

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

6. *Name and Address of Current Registered Agent*

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCED
NAME	HARDY, JOSEPH A.
STREET ADDRESS	300 HARDY BLVD.
CITY-ST-ZIP	FARMINGTON, PA
TITLE	PD
NAME	MAGERKO, MARGARET A.
STREET ADDRESS	RD #3 <BOX 180 RIDGE ROAD
CITY-ST-ZIP	BELLE VERNON, PA
TITLE	S
NAME	MOSI, BARBARA A
STREET ADDRESS	5614 SIXTH STREET
CITY-ST-ZIP	PITTSBURGH, PA 15236
TITLE	VPFT
NAME	WALLACH, DANIEL
STREET ADDRESS	110 OAKHURST DR.
CITY-ST-ZIP	MCMURRAY, PA 15317
TITLE	VPD
NAME	CICERO, FRANK
STREET ADDRESS	137 SANDPIPER LN
CITY-ST-ZIP	VENETIA, PA 15367
TITLE	VP
NAME	CARLSEN, DAVID E
STREET ADDRESS	1030 GATEWOOD DRIVE
CITY-ST-ZIP	BETHEL PARK, PA

U00000510614
04/23/06-80012-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DAVID E CARLSEN 4/07/06 724-228-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #