

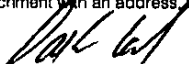


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P27405 1. Entity Name 84 ASSOCIATES, INC.			
Principal Place of Business 1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813		Mailing Address 1019 ROUTE 519 EIGHTY FOUR, PA 15330-2813	
DO NOT WRITE IN THIS SPACE			
			
		04022007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 25-1613131	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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCED HARDY, JOSEPH A. 300 HARDY BLVD. FARMINGTON, PA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGERKO, MARGARET A. RD #3 <BOX 180 RIDGE ROAD BELLE VERNON, PA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSI, BARBARA A 5614 SIXTH STREET PITTSBURGH, PA 15236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFT WALLACH, DANIEL 110 OAKHURST DR. MCMURRAY, PA 15317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CICERO, FRANK 107 SANDPIPER LN VENETIA, PA 15367		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLSEN, DAVID E 1030 GATEWOOD DRIVE BETHEL PARK, PA		
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	04/03/07 724-228-8820
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>