

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P27405</b><br>1. Entity Name<br>84 ASSOCIATES, INC. |  |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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

**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-P CR2E034 (11/05)

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br>25-1613131                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|                                                                                                                                  |                                       |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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.

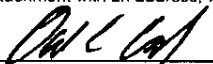
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

|                                                                               |                                                                                                                           |                                            |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U000000891939<br>04/23/08-80045-014 150.00 |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

|                                                |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CCED<br>HARDY, JOSEPH A.<br>300 HARDY BLVD.<br>FARMINGTON, PA               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MAGERKO, MARGARET A.<br>RD #3 <BOX 180 RIDGE ROAD<br>BELLE VERNON, PA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MOSI, BARBARA A<br>5614 SIXTH STREET<br>PITTSBURGH, PA 15236           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPFT<br>WALLACH, DANIEL<br>110 OAKHURST DR.<br>MCMURRAY, PA 15317           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CICERO, FRANK<br>107 SANDPIPER LN<br>VENETIA, PA 15367               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CARLSEN, DAVID E<br>1030 GATEWOOD DRIVE<br>BETHEL PARK, PA            |

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IN THIS SPACE**

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** 724-228-8820 04/02/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #