

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27405

Entity Name: 84 ASSOCIATES, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

1019 ROUTE 519
EIGHTY FOUR, PA 153302813

New Principal Place of Business:

Current Mailing Address:

1019 ROUTE 519
EIGHTY FOUR, PA 153302813

New Mailing Address:

FEI Number: 25-1613131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCED () Delete
Name: HARDY, JOSEPH A.
Address: 300 HARDY BLVD.
City-St-Zip: FARMINGTON, PA

Title: PD () Delete
Name: MAGERKO, MARGARET A.
Address: RD #3 <BOX 180 RIDGE ROAD
City-St-Zip: BELLE VERNON, PA

Title: S () Delete
Name: MOSI, BARBARA A
Address: 5614 SIXTH STREET
City-St-Zip: PITTSBURGH, PA 15236

Title: VPFT () Delete
Name: WALLACH, DANIEL
Address: 110 OAKHURST DR.
City-St-Zip: MCMURRAY, PA 15317

Title: VPD () Delete
Name: CICERO, FRANK
Address: 107 SANDPIPER LN
City-St-Zip: VENETIA, PA 15367

Title: VP () Delete
Name: CARLSEN, DAVID E
Address: 1030 GATEWOOD DRIVE
City-St-Zip: BETHEL PARK, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E CARLSEN

VPT

03/27/2009

Electronic Signature of Signing Officer or Director

Date