


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90040 022 \*\*\*150.00

**DOCUMENT # P37992**  
 1. Entity Name  
 NDC CONSULTANTS, INC.



Principal Place of Business  
 1001 3RD AVE W  
 STE 410  
 BRADENTON, FL 34205 US

Mailing Address  
 4415 FIFTH AVE.  
 PITTSBURGH, PA 15213 US

24010879



2. Principal Place of Business  
 1001 3rd Ave W.  
 Suite, Apt. #, etc.  
 Suite 600  
 City & State  
 Bradenton FL  
 Zip  
 34205 Country  
 US

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

01272004 Chg-P CR2E034 (10/03)

4. FEI Number  
 25-1524473

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALLEN, RONALD J.  
 1001 3RD AVE., W.  
 STE. 410  
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	BALSINGER, WILLIAM E	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH, PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CONNOR, DIANE G	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH, PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MASON, MARTIN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH, PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KREUTZER, KAREN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH, PA 15213	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BASKIN, SEYMOUR	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH, PA 15213	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BELLINO, KATHLEEN	
STREET ADDRESS	4415 FIFTH AVE	
CITY-ST-ZIP	PITTSBURGH, PA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kathleen Bellino Kathleen Bellino Date: 1/27/04 Daytime Phone #: 412-578-7828