

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90056 001 \*\*\*317.50

**DOCUMENT # P93000046386**

1. Entity Name  
**THE BANTRY GROUP CORPORATION**



Principal Place of Business  
**381 MANSFIELD AVE4NUE  
STE 205  
PITTSBURGH, PA 15220 US**

Mailing Address  
**381 MANSFIELD AVENUE  
STE 205  
PITTSBURGH, PA 15220 US**

**66021886**



2. Principal Place of Business - No P.O. Box #

**Foster Plaza Two**

3. Mailing Address

**Foster Plaza Two**

Suite, Apt. #, etc.  
**425 Holiday Drive**

Suite, Apt. #, etc.  
**425 Holiday Drive**

08312007 Chg-P CR2E034 (12/06)

City & State  
**Pittsburgh, PA**

City & State  
**Pittsburgh, PA**

4. FEI Number  
**65-0426950**

Applied For  
Not Applicable

Zip  
**15220**

Country  
**USA**

Zip  
**15220**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DSTC  
MCCANN, G NORMAN  
381 MANSFIELD AVE, STE 205  
PITTSBURGH, PA 15220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
HALLORAN, KEVIN C  
381 MANSFIELD AVE. SUITE 205  
PITTSBURGH, PA 15220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOD  
CONN, DAVID L  
321 MANSFIELD AVE, SUITE 205  
PITTSBURGH, PA 15220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
HALE, MARK W  
381 MANSFIELD AVENUE, SUITE 205  
PITTSBURGH, PA 15220** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C/S/T/D  
McCann, G. Norman  
Foster Plaza Two, 425 Holiday Drive  
Pittsburgh, PA 15220** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Halloran, Kevin C.  
Foster Plaza Two, 425 Holiday Drive  
Pittsburgh, PA 15220** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/COO/CFOD  
Conn, Daniel L.  
Foster Plaza Two, 425 Holiday Drive  
Pittsburgh, PA 15220** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/CEO/D  
Hale, Mark W.  
Foster Plaza Two, 425 Holiday Drive  
Pittsburgh, PA 15220** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*Mark W. Hale*

**Mark W. Hale, President & CEO**

**September 7, 2007**

**412-937-8590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #