

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # V09079

1. Entity Name
MCKINNEY PROPERTIES, INC.



Principal Place of Business

**2200 CORPORATE BLVD.
SUITE 401A
BOCA RATON, FL 33431**

Mailing Address

**1717 PENN AVE.
SUITE 5006
PITTSBURGH, PA 15221-2695**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0312345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HCRM CORP.
400 - WEST BUILDING, N.W.
1900 CORPORATE BLVD.
BOCA RATON, FL 33431**

**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

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MCKINNEY, JOHN T.
1717 PENN AVE., STE. 5006
PITTSBURGH, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MCKINNEY, JAMES D. JR
1717 PENN AVE., STE. 5016
PITTSBURGH, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PASQUALE, JOSEPH
1717 PENN AVENUE #5016
PITTSBURGH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BAKER, JAY
1717 PENN AVE., STE. 5016
PITTSBURGH, PA 15221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
MCGARTLAND, NANCY
1717 PENN AVE., STE. 5016
PITTSBURGH, PA 15221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VOP
GILLESPIE, MARK T
1717 PENN AVE., STE. 5016
PITTSBURGH, PA 15221**

U00000898385
04/28/08-80020-015 158.75

**DO NOT WRITE
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:

Joseph Pasquale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Pasquale 4/11/08
Date

412-371-5105
Daytime Phone #