

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90134 042 \*\*\*150.00

**DOCUMENT #** P17097  
1. Entity Name  
**A. C. DELLOVADE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>108 Cavasina Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>108 Cavasina Drive</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Canonsburg, PA</b>	City & State <b>Canonsburg, PA</b>
Zip <b>15317</b>	Country <b>US</b>

4. FEI Number <b>25-1242514</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>CT Corporation System</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b>
City <b>Plantation</b>
State <b>FL</b>
Zip Code <b>33324</b>

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD Dellovade, Armand C. R. D. 2, Canonsburg, PA 15317</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD Dellovade, Peter J. 190 Roscommon Place McMurray, PA 15317</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Dellovade, Dennis 439 Robinshood Lane, McMurray, PA</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Riley, Patrick L. 2 Aspen Drive, Washington, PA15301</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Ferris, Richard 1150 Old Pond Road Bridgeville, PA 15017</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CFR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Patrick L. Riley** **4/3/02 (724) 873-8190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #