

1.) CORPORATION NAME: L.D. Astorino & Associates, Ltd. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER 1111 EAST MAIN STREET, 16TH FLOOR RICHMOND, VA 23219	DUE DATE: 10/31/2012 SCC ID NO: F1566027 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	10,000
CLASS	AUTHORIZED				
COMA	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: PA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 227 FORT PITT BLVD CITY/ST/ZIP: PITTSBURGH, PA 15222

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LOUIS D ASTORINO TITLE: PRES/TREASURER ADDRESS: 227 FORT PITT BLVD CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	--

NAME: JAMES B FRAUEN TITLE: SECRETARY ADDRESS: 227 FORT PITT BLVD CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES B FRAUEN	JAMES B FRAUEN, SECRETARY	9/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.