

1.) CORPORATION NAME:

E. R. MUNRO AND COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203

DUE DATE: **5/31/2011**

SCC ID NO: **F1754011**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE GATEWAY CENTER, STE 400
420 FORT DUQUESNE 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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	TOD E ARONSON			
TITLE:	PRESIDENT			
ADDRESS:	ONE GATEWAY CENTER STE 400 420 FORT DUQUESNE BLVD			
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222-1460			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BARBARA C ARONSON			
TITLE:	PRESIDENT			
ADDRESS:	ONE GATEWAY CENTER STE 400 420 FORT DUQUESNE BOULEVARD			
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222-1460			

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.

<u>/s/ TOD E ARONSON</u>	<u>TOD E ARONSON, PRESIDENT</u>	<u>4/14/2011</u>
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.