

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823322

FILED
Apr 27, 2009
Secretary of State

Entity Name: ORLEANS HOMEBUILDERS, INC.

Current Principal Place of Business:

ONE GREENWOOD SQUARE
SUITE 101 3333 STREET ROAD
BENSALEM, PA 19020 US

New Principal Place of Business:

Current Mailing Address:

ONE GREENWOOD SQUARE
SUITE 101 3333 STREET ROAD
BENSALEM, PA 19020 US

New Mailing Address:

FEI Number: 59-0874323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ORLEANS, JEFFREY P.
Address: ONE GREENWOOD SQUARE STE 101 333 STREET RD
City-St-Zip: BENSALEM, PA

Title: VPC () Delete
Name: WEAVER, MARK D
Address: 3333 STREET RD STE E 101
City-St-Zip: BENSALEM, PA 19020

Title: VC () Delete
Name: GOLDMAN, BENJAMIN D.
Address: ONE GREENWOOD SQ STE 101 3333 STREET ROAD
City-St-Zip: BENSALEM, PA

Title: D () Delete
Name: KATZ, LEWIS
Address: ONE GREENWOOD SQAURE STE 101 3333 STREET
City-St-Zip: BENSALEM, PA

Title: P () Delete
Name: VESEY, MICHAEL T
Address: ONE GREENWOOD SQ STE 101 3333 ST RD
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPC (X) Change () Addition
Name: HERDLER, GARRY
Address: 3333 STREET RD STE E 101
City-St-Zip: BENSALEM, PA 19020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT A. PISANELLI

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04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date