

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005092	
1. Entity Name A.D. MARBLE & CO., INC.	
Principal Place of Business 375 E ELM ST STE 200 CONSHOHOCKEN, PA 19428	Mailing Address 375 E ELM ST STE 200 CONSHOHOCKEN, PA 19428



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2401041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 S DADELEND BLVD STE 508 MIAMI, FL 33156

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 MARBLE, ANNE D 375 E ELM ST STE 200 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSTON, ROSELINE H 375 E ELM ST STE 200 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TROY, EDWARD F 375 E ELM ST STE 200 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DODDS, PETER 3913 HARTZDALE BLVD STE 1302 CAMP HILL, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV VENDETTI, JASON 375 E ELM ST STE 200 CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000608819
02/01/07-80024-014 150.00

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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: Edward F Troy EDWARD F TROY 1-12-07 484-533-2506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #