

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90203 005 \*\*\*150.00

DOCUMENT # F98000001677  
 1. Entity Name  
 WESTMINSTER ABSTRACT COMPANY



Principal Place of Business: 250 GIBRALTAR RD, HORSHAM, PA 19044  
 Mailing Address: 250 GIBRALTAR RD, HORSHAM, PA 19044

60034372



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number: 23-2671937  
 Applied For:  Applied For,  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: UNKEL, WILLIAM STREET ADDRESS: 250 GIBRALTAR RD F CITY-ST-ZIP: HORSHAM, PA 19044	<input type="checkbox"/> Delete
TITLE: DST NAME: PATTERSON, WAYNE S STREET ADDRESS: 250 GIBRALTAR RD CITY-ST-ZIP: HORSHAM, PA 19044	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: BROWN, JAMES STREET ADDRESS: 250 GIBRALTAR RD CITY-ST-ZIP: HORSHAM, PA 19044	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/S/T NAME: William Unkel STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: Joseph DeSanto STREET ADDRESS: 250 Gibraltar Road CITY-ST-ZIP: Horsham, PA 19044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/S NAME: Joseph R. Sicree STREET ADDRESS: 250 Gibraltar Road CITY-ST-ZIP: Horsham, PA 19044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V/S NAME: Kevin J. McMaster STREET ADDRESS: 250 Gibraltar Road CITY-ST-ZIP: Horsham, PA 19044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Roger A. Brush STREET ADDRESS: 250 Gibraltar Road CITY-ST-ZIP: Horsham, PA 19044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William T. Unkel* 4-20-06 William T. Unkel, President, Secretary & Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 215 292 5035