


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P21421 1. Entity Name D & H DISTRIBUTING COMPANY	
---	---

Principal Place of Business 2525 N. 7TH STREET HARRISBURG, PA 17110-0967 US	Mailing Address P. O. BOX 5967 HARRISBURG, PA 17110-0967 US
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-0506415	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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**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**

U00000582655
01/11/07-80040-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SCHWAB, ISRAEL 2525 N. 7TH STREET HARRISBURG, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHWAB, MORRIS 2525 N. 7TH STREET HARRISBURG, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SCHWAB, JAMES F 2525 N. 7TH STREET HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROTHERS, GARY 2525 N SEVENTH ST HARRISBURG, PA 17110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 empowerments.

SIGNATURE: *James F. Schwab* **1/7/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #