2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# F06000005092

Entity Name: A.D. MARBLE & CO., INC.

Current Principal Place of Business:

375 E ELM ST STE 200
CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

375 E ELM ST STE 200
CONSHOHOCKEN, PA 19428

New Mailing Address:

FEI Number: 23-2401041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 S DADELEND BLVD STE 508
MIAMI, FL 33156 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: CEO ( ) Delete
Name: MARBLE, ANNE D
Address: 375 E ELM ST STE 200
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: DP ( ) Delete
Name: MARSTON, ROSELINE H
Address: 375 E ELM ST STE 200
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: DT ( ) Delete
Name: TROY, EDWARD F
Address: 375 E ELM ST STE 200
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: DV ( ) Delete
Name: DODDS, PETER
Address: 3913 HARTZDALE BLVD STE 1302
City-St-Zip: CAMP HILL, PA

Title: DSV ( ) Delete
Name: VENDETTI, JASON
Address: 375 E ELM ST STE 200
City-St-Zip: CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EDWARD F. TROY MR 05/28/2008

Electronic Signature of Signing Officer or Director Date