

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561979

FILED
Apr 30, 2012
Secretary of State

Entity Name: THE ANSPACH EFFORT, INC.

Current Principal Place of Business:

4500 RIVERSIDE DRIVE
PALM BCH GARDENS, FL 33410 US

New Principal Place of Business:

1302 WRIGHTS LANE EAST
WEST CHESTER, PA 19380 US

Current Mailing Address:

4500 RIVERSIDE DRIVE
PALM BCH GARDENS, FL 33410 US

New Mailing Address:

1302 WRIGHTS LANE EAST
WEST CHESTER, PA 19380 US

FEI Number: 59-1804024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD, INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ORSINGER, MICHEL
Address: 1302 WRIGHTS LANE EAST
City-St-Zip: WEST CHESTER, PA 19380 US

Title: DSEC
Name: FISHER, JOSEPH
Address: 1302 WRIGHTS LANE EAST
City-St-Zip: WEST CHESTER, PA 19380 US

Title: PRES
Name: WACHTER, WILLIAM H.
Address: 1302 WRIGHTS LANE EAST
City-St-Zip: WEST CHESTER, PA 19380 US

Title: VP
Name: DONOHUE, ROBERT P
Address: 1302 WRIGHTS LANE EAST
City-St-Zip: WEST CHESTER, PA 19380

Title: ASEC
Name: DAVIS, PATRICIA KOHL
Address: 1302 WRIGHTS LANE EAST
City-St-Zip: WEST CHESTER, PA 19380 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH FISHER

DSEC

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date