2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#810952

FILED May 12, 2010 Secretary of State

Entity Name: EASTERN NATIONAL, CORPORATION

Current Principal Place of Business: New Principal Place of Business:

470 MARYLAND DRIVE

SUITE 1

FT. WASHINGTON, PA 19034

Current Mailing Address: New Mailing Address:

470 MARYLAND DRIVE

SUITE 1

FT. WASHINGTON, PA 19034

FEI Number: 23-1401703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETERS, KAREN PETERS, KAREN

ENP & MA/CASTILLO DE SAN MARCOS

13165 MOUNT PLEASANT ROAD
1 SOUTH CASTILLO DRIVE

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1 SOUTH CASTILLO DRIVE

13165 MOUNT PLEASANT ROAD
1 SOUTH CASTILLO DRIVE

ST. AUGUSTINE, FL 32084 US

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: HEIDI A WHITE 05/12/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: C

Name: SCHENK, WILLIAM

Address: 470 MARYLAND DRIVE, SUITE 1 City-St-Zip: FORT WASHINGTON, PA 19034

Title: P

Name: MINNUCCI, GEORGE

Address: 470 MARYLAND DRIVE, SUITE 1 City-St-Zip: FORT WASHINGTON, PA 19034

Title:

Name: WALKER, RONALD

Address: 470 MARYLAND DRIVE, SUITE 1 City-St-Zip: FORT WASHINGTON, PA 19034

Title: TREA

Name: STOLL, LINDA

Address: 470 MARYLAND DRIVE, SUITE 1 City-St-Zip: FORT WASHINGTON, PA 19034

Title: [

Name: SOUKUP, MICHAEL

Address: 470 MARYLAND DRIVE, SUITE 1 City-St-Zip: FORT WASHINGTON, PA 19034 US

Title:

Name: YANDELA, DEB

Address: 470 MARYLAND DRIVE, SUITE!
City-St-Zip: FORT WASHINGTON, PA 19034 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEIDI A WHITE E 05/12/2010