2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2008 8:00 am Secretary of State **DOCUMENT #823322** 05-01-2008 90246 045 ***150.00 1. Entity Name ORLEANS HOMEBUILDERS, INC. Principal Place of Business Mailing Address ONE GREENWOOD SQUARE ONE GREENWOOD SQUARE SUITE 101 3333 STREET ROAD SUITE 101 3333 STREET ROAD BENSALEM, PA 19020 BENSALEM, PA 19020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 59-0874323 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DC. TITLE ☐ Delete TITLE ☐ Change ■ Addition ORLEANS, JEFFREY P. NAME NAME ONE GREENWOOD SQUARE STE 101 333 STREET RD STREET ADDRESS STREET ADDRESS CITY-ST-ZF BENSALEM, PA CITY-ST-ZIP **⊠** Delete TITLE TITLE 1ce, President + Controlle - Change Addition Mark B. Weaver 2222 Street Rd. StE 101 THOMPSON, JAMES W NAME NAME 3333 STREET RD ST 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BENSALEM, PA 19020 CITY-ST-ZIP TITLE ☐ Delete TITLE . Change . . . Addition GOLDMAN, BENJAMIN D. NAME-NAME ONE GREENWOOD SQ STE 101 3333 STREET ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP BENSALEM, PA CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KATZ, LEWIS NAME ONE GREENWOOD SQAURE STE 101 3333 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BENSALEM, PA CITY-ST-7IP TITLE Delete TITLE ☐ Chance noitibha i SCHAAL, GARY NAME NAME STREET ADDRESS ONE GREENWOOD SQ. STE 101 3333 STREET ROAD STREET ADDRESS CITY-S1-ZIP BENSALEM, PA CITY-ST-ZIP TITLE Delete TIFLE Change Addition NAME VESEY, MICHAEL T NAME ONE GREENWOOD SQ STE 101 3333 ST RD STREET ADDRESS STREET ADDRESS CITY-S1-ZIP BENSALEM, PA 19020 CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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: _ Mad And SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone *