2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838745

Entity Name: STONCOR GROUP, INC.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052				1000 EAST PARK AVENUE P. O. BOX 308 MAPLE SHADE, NJ 08052			
Current Mailing Address:				New Mailing Address:			
1 PARK AVE. P. O. BOX 308 MAPLE SHADE, NJ 08052			1000 EAST PARK AVENUE P. O. BOX 308 MAPLE SHADE, NJ 08052				
FEI Number: 56-0184790 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired (X)				
Name and Address of Current Registered Agent: Name					ame and Address of New Registered Agent:		
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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:							
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () REIF, DAVID P 35 LEGION LAN HADDONFIELD,			Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () RICE, RONALD 2628 PEARL RE MEDINA, OH 44)		Title: Name: Address: City-St-Zip:	()C	hange () Addition	
Title: Name: Address: City-St-Zip:	EVP () ZIKMUND, DON 504 EAGLEBRO MOORESTOWN	OOK DRIVE		Title: Name: Address: City-St-Zip:	EVP (X) C FYNAN, MARGAR 148 YORK ROAD DELRAN, NJ 080		
Title: Name: Address: City-St-Zip:	EVP () FYNAN, MARGA 150-B BIRCHWO MT LAUREL, NJ	RET R OOD CT		Title: Name: Address: City-St-Zip:	S (X) C MOORE, EDWAR 2628 PEARL ROA MEDINA, OH 442	AD.	
Title: Name: Address: City-St-Zip:	S () TOMPKINS, KEI 2628 PEARL RE MEDINA, OH 96)		Title: Name: Address: City-St-Zip:	CFOT (X) C MCGONIGLE, MA 31 SORREL RUN MOUNT LAUREL,		
Title: Name: Address: City-St-Zip:	CFOT (X) MCGONIGLE, M 31 SORRET RU MOUNT LAUREI	N		Title: Name: Address: City-St-Zip:	()C	hange () Addition	

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: MARK E. MCGONIGLE CFOT 01/15/2009