

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 838793**

1. Entity Name  
**DANIEL F. YOUNG, INCORPORATED**



Principal Place of Business  
**1235 WESTLAKES DRIVE  
SUITE 255  
BERWYN, PA 19312 US**

Mailing Address  
**1235 WESTLAKES DRIVE  
SUITE 255  
BERWYN, PA 19312 US**



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-5496410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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.

**Barbara A. Burke  
Special Assistant Secretary**

**2-507**

SIGNATURE: *Barbara A. Burke*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYATT, AARON WESLEY IV 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLIGAN, KEVIN 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TRAYNOR, DENISE 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WYATT, AARON WESLEY III 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/07-80051-018 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing 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 officers empowered.

SIGNATURE: *Denise Traynor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/07**  
Date

**610-725-4000**  
Daytime Phone #