


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90082 044 ***150.00

DOCUMENT # F01000006262 1. Entity Name ALAMBRY FUNDING INC.	
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Principal Place of Business ONE GREENWOOD SQUARE 3333 STREET ROAD BENSALEM, PA 19020	Mailing Address ONE GREENWOOD SQUARE 3333 STREET ROAD BENSALEM, PA 19020
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 23-3101139	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANK, MARVIN ONE GREENWOOD SQUARE, 333 STREET ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCCOLE, JOSEPH ONE GREENWOOD SQUARE, 333 STREET ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESEY, MICHAEL T ONE GREENWOOD SQUARE, 333 STREET ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCGEE, ANN ONE GREENWOOD SQ, 3333 ST RD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAZORKO, THERESA ONE GREENWOOD SQ, 3333 STREET RD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 registered agent 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/24/08 <small>Date</small>	215.638.7300 x1611 <small>Daytime Phone #</small>
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