

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006262

Entity Name: ALAMBRY FUNDING INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

ONE GREENWOOD SQUARE
3333 STREET ROAD
BENSALEM, PA 19020

New Principal Place of Business:

Current Mailing Address:

ONE GREENWOOD SQUARE
3333 STREET ROAD
BENSALEM, PA 19020

New Mailing Address:

FEI Number: 23-3101139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: BANK, MARVIN
Address: ONE GREENWOOD SQUARE, 333 STREET ROAD
City-St-Zip: BENSALEM, PA 19020

Title: VST () Delete
Name: MCCOLE, JOSEPH
Address: ONE GREENWOOD SQUARE, 333 STREET ROAD
City-St-Zip: BENSALEM, PA 19020

Title: D () Delete
Name: VESEY, MICHAEL T
Address: ONE GREENWOOD SQUARE, 333 STREET ROAD
City-St-Zip: BENSALEM, PA 19020

Title: AS (X) Delete
Name: MCGEE, ANN
Address: ONE GREENWOOD SQ, 3333 ST RD
City-St-Zip: BENSALEM, PA 19020

Title: AS () Delete
Name: LAZORKO, THERESA
Address: ONE GREENWOOD SQ, 3333 STREET RD
City-St-Zip: BENSALEM, PA 19020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERT A. PISANELLI

DIR

04/24/2009

Electronic Signature of Signing Officer or Director

Date