


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90002 007 ***150.00

DOCUMENT # F04000005044 1. Entity Name HERLEY - RSS, INC.					
Principal Place of Business 91 EAST DRIVE MELBOURNE, FL 32904			Mailing Address 91 EAST DRIVE MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # 35 HILL AVE NW Suite, Apt. #, etc.		3. Mailing Address 35 HILL AVE NW Suite, Apt. #, etc.			
City & State FT. WALTON BEACH FL Zip 32548		City & State FT. WALTON BEACH Zip 32548		4. FEI Number 20-1529679	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVY, MYRON 101 NORTH POINT BLVD. LANCASTER, PA 176014133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THONET, JOHN A 101 NORTH POINT BLVD. LANCASTER, PA 176014133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLEY, JOHN 101 NORTH POINT BLVD. LANCASTER, PA 176014133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAREFINO, ANELLO C 101 NORTH POINT BLVD. LANCASTER, PA 176014133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ-FALCON, ANTONIO 91 EAST DRIVE MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 like empowered.					
SIGNATURE: <i>Kevin J. Purcell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		KEVIN J. PURCELL, CEO 3/22/07 (717) 735-8117 <small>Date Daytime Phone #</small>			