2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# F05000004706

Entity Name: SHANER SPECIAL PURPOSE GP, INC.

Current Principal Place of Business:

1965 WADDLE ROAD
STATE COLLEGE, PA 16803

New Principal Place of Business:

Current Mailing Address:

1965 WADDLE ROAD
STATE COLLEGE, PA 16803

New Mailing Address:

FEI Number: 20-3282529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCP ( ) Delete
Name: SHANER, LANCE T
Address: 1965 WADDLE ROAD
City-St-Zip: STATE COLLEGE, PA 16803

Title: D ( ) Delete
Name: MCNULTY, MICHAEL S
Address: 8080 N. CENTRAL EXPRESSWAY, #850
City-St-Zip: DALLAS, TX 75206

Title: VS ( ) Delete
Name: HULBURT, PETER K
Address: 1965 WADDLE ROAD
City-St-Zip: STATE COLLEGE, PA 16803

Title: VT ( ) Delete
Name: GRIFFIN, J.B.
Address: 1965 WADDLE ROAD
City-St-Zip: STATE COLLEGE, PA 16803

Title: AS ( ) Delete
Name: CAMPBELL, RICHARD F
Address: ONE M & T PLAZA, SUITE 2000
City-St-Zip: BUFFALO, NY 14203

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: LANCE T. SHANER DCP 03/07/2009

Electronic Signature of Signing Officer or Director Date