

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006519

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ELWYN, INC.

## Current Principal Place of Business:

111 ELWYN RD.  
ELWYN, PA 19063

## New Principal Place of Business:

## Current Mailing Address:

111 ELWYN RD.  
ELWYN, PA 19063

## New Mailing Address:

FEI Number: 23-1352117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR., SUITE 500 E.  
W. PALM BCH, FL 33401 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

## OFFICERS AND DIRECTORS:

Title: PHD ( ) Delete  
Name: CORNELIUS, SANDRA S  
Address: 111 ELWYN RD.  
City-St-Zip: ELWYN, PA 19063

Title: DVC ( ) Delete  
Name: LEAMAN, J. RICHARD JR.  
Address: 111 ELWYN RD.  
City-St-Zip: ELWYN, PA 19063

Title: DVC ( ) Delete  
Name: WECHSLER, ALAN  
Address: 111 ELWYN RD.  
City-St-Zip: ELWYN, PA 19063

Title: DS ( ) Delete  
Name: LINCKE, WILLIAM P  
Address: 111 ELWYN RD.  
City-St-Zip: ELWYN, PA 19063

Title: DT ( ) Delete  
Name: DIXON, WILLIAM J JR.  
Address: 111 ELWYN RD.  
City-St-Zip: ELWYN, PA 19063

Title: D ( ) Delete  
Name: BABIN, JOSEPH E  
Address: 111 ELWYN RD.  
City-St-Zip: ELWYN, PA 19063

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL M. REARDON

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date