


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000001498 1. Entity Name STRATEGIC SETTLEMENT SERVICES, INC.	
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Principal Place of Business ONE MONROEVILLE CENTRE 3824 NORTHERN PIKE, 9TH FLOOR MONROEVILLE, P 15146	Mailing Address 3800 MARKET STREET CAMP HILL, PA 17011
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1077500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'ROURKE, PATRICIA 3820 SW 59TH TERRACE DAVIE, FL 33314	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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 BRAAFHART, JAMI E 3800 MARKET STREET CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSO, PETER J 3800 MARKET STREET CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYER, DEREK M 1840 MAYVIEW ROAD BRIDGEVILLE, PA 15017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALARINO, JEFFREY J 1808 CHISLETT STREET PITTSBURGH, PA 15206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/27/08-80004-023 150.00

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: *Jami E. Braafhart* **J. E. Braafhart, President** 1-29-2008 717-731-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone