2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 18, 2007
Secretary of State

DOCUMENT# F94000003155

Entity Name: AARM, INC.

Current Principal Place of Business:

2160 LINCOLN HWY., EAST
BOX 6
LANCASTER, PA 176021150

New Principal Place of Business:

Current Mailing Address:

2160 LINCOLN HWY., EAST
BOX 6
LANCASTER, PA 176021150

New Mailing Address:

FEI Number: 23-2717962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGREADY, MARILYN A
30695 SW 162 AVE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

CT CORP SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: MARGARET E. ROTZAHN 05/18/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEAMAN, PHILIP B
Address: 109 SKYLINE DRIVE
City-St-Zip: NEW HOLLAND, PA 17557

Title: S ( ) Delete
Name: REID, KATHY
Address: 1451 DUNDEE AVE
City-St-Zip: ELGIN, IL 60120

Title: D ( ) Delete
Name: STUCKEY, KEITH
Address: 2001 E OREGON ROAD
City-St-Zip: LITITZ, PA 17543

Title: T ( ) Delete
Name: MILLER, LARRY
Address: 2160 LINCOLN HIGHWAY EAST, PO 10455
City-St-Zip: LANCASTER, PA 17605

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: T (X) Change ( ) Addition
Name: KING, VERNON
Address: 2990 CARLISLE PIKE
City-St-Zip: NEW OXFORD, PA 17350

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: PHILIP B. LEAMAN P 05/18/2007
Electronic Signature of Signing Officer or Director Date