

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003155

FILED
Apr 14, 2008
Secretary of State

Entity Name: AARM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2160 LINCOLN HWY EAST
SUITE 6
LANCASTER, PA 176021150

Current Mailing Address:

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

New Mailing Address:

2160 LINCOLN HWY EAST
SUITE 6
LANCASTER, PA 176021150

FEI Number: 23-2717962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORP SYSTEMS
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

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: KING, VERNON
Address: 2990 CARLISLE PIKE
City-St-Zip: NEW OXFORD, PA 17350

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:

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

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date