

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90053 040 \*\*\*558.75

**DOCUMENT # F98000000922**

1. Entity Name  
LTK CONSULTING SERVICES, INC.



Principal Place of Business

100 W. BUTLER AVE.  
AMBLER, PA 19002

Mailing Address

100 W. BUTLER AVE.  
AMBLER, PA 19002

40116960



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2309997

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	DORSHIMER, GEORGE N
STREET ADDRESS	100 WEST BUTLER AVENUE
CITY-ST-ZIP	AMBLER, PA 19002
TITLE	TS
NAME	SCHMIDT, CATHERINE M
STREET ADDRESS	100 WEST BUTLER AVENUE
CITY-ST-ZIP	AMBLER, PA 19002
TITLE	VP
NAME	LANDELL, FREDERICK H
STREET ADDRESS	100 WEST BUTLER AVENUE
CITY-ST-ZIP	AMBLER, PA 19002
TITLE	VP
NAME	FRANDSEN, FRANCIS W
STREET ADDRESS	FINE ARTS BLDG, 811 W 7TH STREET
CITY-ST-ZIP	LOS ANGELES, CA 90017
TITLE	VP
NAME	GUSTAFSON, JOHN S
STREET ADDRESS	1675 BROADWAY STE 1000
CITY-ST-ZIP	DENVER, CO 80202
TITLE	VP
NAME	LAWLOR, CHRISTOPHER M
STREET ADDRESS	100 WEST BUTLER AVENUE
CITY-ST-ZIP	AMBLER, PA 19002

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/07  
Date

215-641-8827  
Daytime Phone #

ATTACHMENT

40116960

# F98000000922

10. Officers and Directors

Title	VP
Name	Thomas B. Furmaniak
Street Address	Renaissance Center Tower, Suite 301
	250 East Ponce de Leon Avenue
City-ST-Zip	Atlanta, GA 30030-3441

Title	VP
Name	John M. Ronalter
Street Address	100 West Butler Avenue
City-ST-Zip	Ambler, PA 19002