

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004438

FILED
Apr 09, 2009
Secretary of State

Entity Name: RESOURCE ASSOCIATES, INC.

Current Principal Place of Business:

ONE MERIDIAN BLVD.
SUITE 1C02
WYOMISSING, PA 19610

New Principal Place of Business:

Current Mailing Address:

ONE MERIDIAN BLVD.
SUITE 1C02
WYOMISSING, PA 19610

New Mailing Address:

FEI Number: 23-2076618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOHL, TAMMY
Address: 2507 VENTNOR AVE.
City-St-Zip: READING, PA 19605

Title: C () Delete
Name: SHAFFERT, THOMAS
Address: 32 RABBIT RUN ROAD
City-St-Zip: MALVERN, PA 19355

Title: S () Delete
Name: BUETTNER, KARL
Address: 540 CLOTHIER SPRINGS ROAD
City-St-Zip: MALVERN, PA 19355

Title: T () Delete
Name: WARRELL, GEOFFREY
Address: 163 GATESHEAD WAY
City-St-Zip: PHOENIXVILLE, PA 19460

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

SIGNATURE: TAMMY KOHL

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date