

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28007

FILED
Jan 07, 2008
Secretary of State

Entity Name: THE LOOMIS COMPANY

Current Principal Place of Business:

850 N PARK RD
WYOMISSING, PA 196106011 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7011
WYOMISSING, PA 196107011

New Mailing Address:

FEI Number: 23-2238132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VLAZNY, DAVID A VP
C/O THE LOOMIS COMPANY
2929 E. COMMERCIAL BLVD., SUITE 705
FORT LAUDERDALE, FL 33308 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: PD () Delete
Name: LOOMIS, JAMES R.,
Address: 850 N PARK RD
City-St-Zip: WYOMISSING, PA

Title: VP () Delete
Name: SMITH, H. EDMOND,
Address: 850 N PARK RD
City-St-Zip: WYOMISSING, PA

Title: VP () Delete
Name: FORSBERG, THOMAS
Address: 850 N PARK RD
City-St-Zip: WYOMISSING, PA 196106011

Title: VP () Delete
Name: BLAUM, GERALD F., JR.,
Address: 850 N PARK RD
City-St-Zip: WYOMISSING, PA

Title: T () Delete
Name: SCHLEGEL, KATHY
Address: 850 N PARK RD
City-St-Zip: WYOMISSING, PA

Title: VP () Delete
Name: SAUL, DONALD E
Address: 850 N PARK RD
City-St-Zip: WYOMISSING, PA 196106011

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
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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: KATHY SCHLEGEL

TREA

01/07/2008

Electronic Signature of Signing Officer or Director

Date