

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P34463 (0)

95 JUN 16 AM 11:32

1. Corporation Name
ROBERT E. LAMB, INC.

Principal Place of Business: P. O. BOX 621 VALLEY FORGE PA 19482
Mailing Address: P. O. BOX 621 VALLEY FORGE PA 19482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1991
3a. Date of Last Report: 10/25/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 23-0783771
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	LAMB, ROBERT E., II
STREET ADDRESS	21 REBEL ROAD
CITY ST. ZIP	WAYNE PA
TITLE	T
NAME	LAMB, ROBERT E., II
STREET ADDRESS	21 REBEL ROAD
CITY ST. ZIP	WAYNE PA
TITLE	VPDS
NAME	PAULINE, ALFRED R.
STREET ADDRESS	2339 TURNBURY ROAD
CITY ST. ZIP	GILBERTSVILLE PA
TITLE	PT
NAME	STERCHAK, JOSEPH M.
STREET ADDRESS	3717 WORTHINGTON ROAD
CITY ST. ZIP	COLLEGEVILLE PA
TITLE	VD
NAME	PETERMAN, JOHN J.
STREET ADDRESS	1411 NECTAR LANE
CITY ST. ZIP	WEST CHESTER PA
TITLE	V
NAME	SHATT, JOSEPH A.
STREET ADDRESS	13 CHESTNUT DRIVE
CITY ST. ZIP	DOYLESTOWN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST. ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST. ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST. ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST. ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST. ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-95 610-666-9200
Date System Number

CR2E094 (3/95)