


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34463** (0)

1. Corporation Name  
**ROBERT E. LAMB, INC.**



Principal Place of Business <b>P. O. BOX 821 VALLEY FORGE PA 19482</b>	Mailing Address <b>P. O. BOX 821 VALLEY FORGE PA 19482</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1991</b>	3a. Date of Last Report <b>11/27/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>23-0783771</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	1.1 TITLE	
NAME	LAMB, ROBERT E II	1.2 NAME	
STREET ADDRESS	21 REBEL ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WAYNE PA	1.4 CITY - ST - ZIP	
TITLE	VPSD	2.1 TITLE	
NAME	PAULINE, ALFRED R	2.2 NAME	
STREET ADDRESS	2339 TURNBURY ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLBERTSVILLE PA	2.4 CITY - ST - ZIP	
TITLE	PT	3.1 TITLE	
NAME	STERCHAK, JOSEPH M	3.2 NAME	
STREET ADDRESS	3717 WORTHINGTON ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLLEGEVILLE PA	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	PETERMAN, JOHN J	4.2 NAME	
STREET ADDRESS	1411 NECTAR LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST CHESTER PA	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	Vice President
NAME	SHATT, JOSEPH A	5.2 NAME	Shatt, Joseph A.
STREET ADDRESS	13 CHESTNUT DRIVE	5.3 STREET ADDRESS	1306 E. Butler Pike
CITY - ST - ZIP	DOYLESTOWN PA	5.4 CITY - ST - ZIP	Ambler, PA 19002
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 shareholder 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, or both in each case.

SIGNATURE



7/23/97 610-666-9200

CR2E034 (4/97)