

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90105 045 ***150.00

DOCUMENT # P34463

1. Entity Name

ROBERT E. LAMB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 821
 VALLEY FORGE PA 19482

P. O. BOX 821
 VALLEY FORGE PA 19482-0821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-0783771**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CTD	<input checked="" type="checkbox"/> Delete
NAME	LAMB, ROBERT E II	
STREET ADDRESS	21 REBEL ROAD	
CITY-ST-ZIP	WAYNE PA	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	PAULINE, ALFRED R	
STREET ADDRESS	2339 TURNBURY ROAD	
CITY-ST-ZIP	GILBERTSVILLE PA	
TITLE	PT	<input type="checkbox"/> Delete
NAME	STERCHAK, JOSEPH M	
STREET ADDRESS	3717 WORTHINGTON ROAD	
CITY-ST-ZIP	COLLEGEVILLE PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERMAN, JOHN J	
STREET ADDRESS	1411 NECTAR LANE	
CITY-ST-ZIP	WEST CHESTER PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHATT, JOSEPH A	
STREET ADDRESS	1306 E BUTLER PIKE	
CITY-ST-ZIP	AMBLER PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter G. Vreeland	
STREET ADDRESS	1713 Palamino Dr	
CITY-ST-ZIP	Warrington, PA 18976	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President's Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sterchak, Joseph M.	
STREET ADDRESS	3717 Worthington Rd	
CITY-ST-ZIP	Collegeville PA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 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

Date

Daytime Phone #

1-5-00 610-666-9200

CR2E034 (9/98)