

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34463

Entity Name: ROBERT E. LAMB, INC.

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

P. O. BOX 821
VALLEY FORGE, PA 19482

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 821
VALLEY FORGE, PA 19482

New Mailing Address:

FEI Number: 56-2419484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: VP () Delete
Name: VREELAND, PETER G
Address: 1713 PALAMINO DR
City-St-Zip: WARRINGTON, PA 18976

Title: VPSD () Delete
Name: PAULINE, ALFRED R
Address: 2339 TURNBURY ROAD
City-St-Zip: GILBERTSVILLE, PA

Title: PTD () Delete
Name: STERCHAK, JOSEPH M
Address: 1004 HOY CIRCLE
City-St-Zip: COLLEGEVILLE, PA

Title: VD () Delete
Name: PETERMAN, JOHN J
Address: 55 MUSKET CT
City-St-Zip: WEST CHESTER, PA

Title: VP () Delete
Name: SHATT, JOSEPH A
Address: 1306 E BUTLER PIKE
City-St-Zip: AMBLER, PA

Title: VP () Delete
Name: THEODORE, E. MICHAEL
Address: 2038 VALLEY VIEW WAY
City-St-Zip: LANSDALE, PA 19446

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:

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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 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: JOSEPH M STERCHAK

Electronic Signature of Signing Officer or Director

PRES

03/07/2007

_____ Date