

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34463

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ROBERT E. LAMB, INC.

**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:

Title: ( ) Change ( ) Addition  
Name:  
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 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

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date