

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 9:19

DOCUMENT # P39540 (0)

1. Corporation Name

THE STANLEY-LAMAN GROUP, LTD., INC.

Principal Place of Business

Mailing Address

1235 WESTLAKES DR.
 SUITE 295
 BERWYN PA 19312

1235 WESTLAKES DR.
 SUITE 295
 BERWYN PA 19312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/07/1992

05/01/1994

4. FEI Number

Applied For

23-2650638

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STANLEY, WILLIAM G.
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 295
CITY - ST - ZIP	BERWYN PA
TITLE	D
NAME	LAMAN, JAMES J.
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 245
CITY - ST - ZIP	BERWYN PA
TITLE	D
NAME	EATON, DAVID C.
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 245
CITY - ST - ZIP	BERWYN PA
TITLE	D
NAME	LAMAN, JAMES J.
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 245
CITY - ST - ZIP	BERWYN PA
TITLE	DVP
NAME	KEARNEY, SCOTT J.
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE 245
CITY - ST - ZIP	BERWYN PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1235 Westlakes Dr., Suite 295	
2.4 CITY - ST - ZIP	Berwyn, PA 19312	
3.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1235 Westlakes Dr., Suite 295	
3.4 CITY - ST - ZIP	Berwyn, PA 19312	
4.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1235 Westlakes Dr., Suite 295	
4.4 CITY - ST - ZIP	Berwyn, PA 19312	
5.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1235 Westlakes Dr., Suite 295	
5.4 CITY - ST - ZIP	Berwyn, PA 19312	
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, or on an attachment with an address.

SIGNATURE:

James J. Laman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95 (610) 993-9100
 DATE TELEPHONE #

CR2E004 (3/95)