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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P39540 (0)

1. Corporation Name

THE STANLEY-LAMAN GROUP, LTD., INC.



Principal Place of Business

1235 WESTLAKES DR.  
SUITE 295  
BERWYN PA 19312

Mailing Address

1235 WESTLAKES DR.  
SUITE 295  
BERWYN PA 19312-2420

3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

04/16/1996

4. FEI Number

23-2650538

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of color printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME STANLEY, WILLIAM G.  
STREET ADDRESS 1235 WESLAKES DRIVE, SUITE 295  
CITY-ST-ZIP BERWYN PA

TITLE SD ☐ DELETE

NAME LAMAN, JAMES J.  
STREET ADDRESS 1238 WESTLAKES DRIVE, SUITE 295  
CITY-ST-ZIP BERWYN PA

TITLE VPD ☐ DELETE

NAME EATON, DAVID C.  
STREET ADDRESS 1235 WESTLAKES DRIV, SUITE 295  
CITY-ST-ZIP BERWYN PA

TITLE TD ☐ DELETE

NAME LAMAN, JAMES J.  
STREET ADDRESS 1235 WESTLAKES DRIVE, SUITE 295  
CITY-ST-ZIP BERWYN PA

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

TITLE ☐ DELETE

NAME  
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)