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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P39540

1. Corporation Name

THE STANLEY-LAMAN GROUP, LTD., INC.

Principal Place	of Business	Mailing Address				1 156/155) 198 (11)2 12(2) 2/11) 4/2/1	116H 616H 616H 616H 51	
1235 WESTLAKE	ES DR.	1235 WESTLAKES DR.						
SUITE 295 SUITE 295					DO NOT WRITE IN	THIS SPACE		
BERWYN PA 19312 BERWYN PA 19312					3. Date Incorporated or Qualifed			
						07/07/1992		
9 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
·	and of promess	26				23-2650538	<del> </del>	Applicable
Suite, Apt. I	# etc	Suite, Apt. #, etc.					\$8.75 A	
22	, co.	27				5. Certifcate of Status Desired	Fee Re	
City & State	9	City & State				6Election Campaign Financing	-\$5.00	May Be
23		28			•	Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year	ar Intangible	_ [
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	ered Agent	
			81	1 N	ame			
	PORATION SERVICE COMPANY		82	2 S	freet Addre	ess (P.O. Box Number is Not Acceptable)		
	HAYS ST.					,	<u>.</u>	
TALL	AHASSEE FL 32301		83	3		-		
			84	4 6	ity		85 Zip C	Code
					•		FL	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was at	Jthorized by	y the	med corpo corporation	oration submits this statement for the purporn's board of directors. I hereby accept the a	se of changing its appointment as req	registerea gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R								
SIGNATURE	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE:	Registered Age	ent sign	nature required	when reinstating) DAT	re	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	<del> </del>	Registered Age	ent sign	nature required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
		<del> </del>			nature required	g,		RS IN 12
12.	OFFICERS AND	DIRECTORS	13.		nature required	g,	S AND DIRECTO	
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	<u> </u>		g,	S AND DIRECTO	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STANLEY, WILLIAM G. 1235 WESLAKES DRIVE, SUITE BERWYN PA SD	D DIRECTORS  DELETE  295	13. 1.1 TITLE 1.2 NAME 1.3 STREI	ET ADD	DRESS	g,	S AND DIRECTO Change	Addition
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS