

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90018 026 ***150.00

057880 AT

DOCUMENT # P39540

1. Entity 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 1235 Westlakes Dr. Suite, Apt. #, etc. Suite 295 City & State Berwyn, PA Zip 19312 Country USA | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|--|

| | |
|--|--|
| 4. FEI Number 23-2650538 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD STANLEY, WILLIAM G. 1235 WESLAKES DRIVE, SUITE 295 BERWYN PA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LAMAN, JAMES J. 1236 WESTLAKES DRIVE, SUITE 295 BERWYN PA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD EATON, DAVID C. 1235 WESTLAKES DRIV, SUITE 295 BERWYN PA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LAMAN, JAMES J. 1235 WESTLAKES DRIVE, SUITE 295 BERWYN PA <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William G. Stanley* **WILLIAM G. STANLEY, PRES.** 4/4/02 610-943-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)