

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002802

**Entity Name:** STAMBAUGH NESS, INC.

**Current Principal Place of Business:**

2600 EASTERN BLVD  
YORK, PA 17402

**Current Mailing Address:**

2600 EASTERN BLVD  
YORK, PA 17402 US

**FEI Number:** 23-2846715

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 US

*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

**Officer/Director Detail :**

Title CHAIRMAN/PRESIDENT  
Name HAKE, STEVEN  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title VICE CHAIRMAN/VP  
Name WELKER, DAREN  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name BREAM, LARRY  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR/SECRETARY  
Name HOFFMAN, NIKKI  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title TREASURER  
Name MOUL, THOMAS  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name HURSH, M SCOTT  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name KLIMCHOCK, TIMOTHY  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name LIGHTY, STEPHEN  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNIFER NELSON

**TREASURER**

**03/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOUL, THOMAS  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name SNYDER, STEPHEN  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name HOGENTOGLER, RICHARD  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name NELSON, JENNIFER  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402

Title DIRECTOR  
Name SPINELLO, GLENN  
Address 2600 EASTERN BLVD  
City-State-Zip: YORK PA 17402