

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002802

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

**Current Principal Place of Business:**

220 SAINT CHARLES WAY STE 150  
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            PRESIDENT  
Name            HAKE, STEVEN L  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

Title            TREASURER  
Name            NELSON, JENNIFER  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

Title            SECRETARY  
Name            BUMBAUGH, CHAD E  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

Title            DIRECTOR  
Name            WEIERBACH, KRISTI L  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

Title            DIRECTOR  
Name            MOUL, THOMAS J.  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

Title            DIRECTOR  
Name            SNYDER, STEPHEN  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

Title            DIRECTOR  
Name            WELKER, DARREN  
Address        220 SAINT CHARLES WAY STE 150  
City-State-Zip: YORK PA 17402

*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**

**02/28/2024**

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

\_\_\_\_\_  
Date