

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # 838793

1. Entity Name
DANIEL F. YOUNG, INCORPORATED



Principal Place of Business
**1235 WESTLAKES DRIVE
SUITE 255
BERWYN, PA 19312 US**

Mailing Address
**1235 WESTLAKES DRIVE
SUITE 255
BERWYN, PA 19312 US**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5496410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

**Barbara A. Burke
Special Assistant Secretary**

2-507

SIGNATURE: *Barbara A. Burke*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYATT, AARON WESLEY IV 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLIGAN, KEVIN 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T TRAYNOR, DENISE 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WYATT, AARON WESLEY III 1235 WESTLAKES DRIVE, SUITE 255 BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: *Denise Traynor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

610-725-4000
Daytime Phone #