


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 043 ***150.00

DOCUMENT # F04000005044			
1. Entity Name HERLEY - RSS, INC.			
Principal Place of Business 35 HILL AVE NW FORT WALTON BEACH, FL 32548		Mailing Address 35 HILL AVE NW FORT WALTON BEACH, FL 32548	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP LEVY, MYRON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 NORTH POINT BLVD.	NAME	
STREET ADDRESS	LANCASTER, PA 176014133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D THONET, JOHN A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 NORTH POINT BLVD.	NAME	
STREET ADDRESS	LANCASTER, PA 176014133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V KELLEY, JOHN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 NORTH POINT BLVD.	NAME	
STREET ADDRESS	LANCASTER, PA 176014133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST GAREFINO, ANELLO C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 NORTH POINT BLVD.	NAME	
STREET ADDRESS	LANCASTER, PA 176014133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP PURCELL, KEVIN J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 N POINTE BLVD	NAME	
STREET ADDRESS	LANCASTER, PA 17601	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 like empowered.			
SIGNATURE: <u>K. J. Purcell</u>		Date: <u>2/19/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>717-735-8117</u>	

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4. FEI Number 20-1529679 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required