

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003155

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: AARM, INC.

**Current Principal Place of Business:**

2160 LINCOLN HWY., EAST  
BOX 6  
LANCASTER, PA 176021150

**New Principal Place of Business:**

2160 LINCOLN HWY EAST  
SUITE 6  
LANCASTER, PA 176021150

**Current Mailing Address:**

2160 LINCOLN HWY., EAST  
BOX 6  
LANCASTER, PA 176021150

**New Mailing Address:**

2160 LINCOLN HWY EAST  
SUITE 6  
LANCASTER, PA 176021150

FEI Number: 23-2717962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORP SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEAMAN, PHILIP B  
Address: 109 SKYLINE DRIVE  
City-St-Zip: NEW HOLLAND, PA 17557

Title: S ( ) Delete  
Name: REID, KATHY  
Address: 1451 DUNDEE AVE  
City-St-Zip: ELGIN, IL 60120

Title: D ( ) Delete  
Name: STUCKEY, KEITH  
Address: 2001 E OREGON ROAD  
City-St-Zip: LITITZ, PA 17543

Title: T ( ) Delete  
Name: KING, VERNON  
Address: 2990 CARLISLE PIKE  
City-St-Zip: NEW OXFORD, PA 17350

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP B LEAMAN

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date