

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# F94000003155

**Feb 26, 2016**

**Entity Name:** RESOURCE PARTNERS, INC.

**Secretary of State  
CC2856151581**

**Current Principal Place of Business:**

2160 LINCOLN HWY EAST  
SUITE 6  
LANCASTER, PA 17602

**Current Mailing Address:**

2160 LINCOLN HWY EAST  
SUITE 6  
LANCASTER, PA 17602-1150

**FEI Number:** 23-2717962

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 COO  
Name LEAMAN, PHILIP B  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602-1150

Title DIRECTOR  
Name MACK, JANE  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602-1150

Title PRESIDENT, CEO  
Name STUCKEY, KEITH  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602-1150

Title D  
Name MCCABE, SHARI  
Address 2160 LINCOLN HIGHWAY EAST, #6  
City-State-Zip: LANCASTER PA 17602

Title SECRETARY, DIRECTOR  
Name WAGLER, JULIA  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602

Title TREASURER, DIRECTOR  
Name ZOOK, LARRY  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602

Title DIRECTOR  
Name DELANCEY, CAROL  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602

Title DIRECTOR  
Name RUSSELL, DENNIS  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP B LEAMAN

**COO**

**02/26/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARBOUR, CAROL  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602

Title DIRECTOR  
Name LEHMAN, KAREN  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602

Title DIRECTOR  
Name WIDMAN, CHRIS  
Address 2160 LINCOLN HWY EAST  
SUITE 6  
City-State-Zip: LANCASTER PA 17602