

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003155

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

**Current Principal Place of Business:**

313 WEST LIBERTY STREET  
SUITE 358  
LANCASTER, PA 17603

**Current Mailing Address:**

313 WEST LIBERTY STREET  
SUITE 358  
LANCASTER, PA 17603 US

**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 DIRECTOR  
Name GOERING, RYAN  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title PD  
Name MACK, JANE  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title CEO  
Name LEAMAN, PHILIP  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title DIRECTOR  
Name LAWRENZ, DAVE  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title VC, VP  
Name LEHMAN, KAREN  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title DIRECTOR  
Name LOFTUS, ABBY  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title DIRECTOR  
Name CONNOR, JOSEPH  
Address 313 WEST LIBERTY STREET  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title STD  
Name WARNER, JOHN  
Address 313 WEST LIBERTY ST  
SUITE 358  
City-State-Zip: LANCASTER PA 17603

**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:** JOHN WARNER

**SECRETARY**

**03/14/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VERDEGEM, SUE  
Address        313 WEST LIBERTY ST  
                  SUITE 358  
City-State-Zip: LANCASTER PA 17603

Title           DIRECTOR  
Name           THOMAS, JIM  
Address        313 WEST LIBERTY ST  
                  SUITE 358  
City-State-Zip: LANCASTER PA 17603