


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90013 023 ***150.00

DOCUMENT # P31655

1. Entity Name
OPCO, INC.



Principal Place of Business Mailing Address

**500 ARCH ST.
C/O TAX DEPT
WILLIAMSPORT, PA 17701 US**

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C/O TAX DEPT
WILLIAMSPORT, PA 17701 US**

40046718



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

03102008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

23-2621202 Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARGEN, JOSEPH D.		NAME	John Weir	
STREET ADDRESS	500 ARCH ST.		STREET ADDRESS	40 Cuffermile RD Ste 400	
CITY-ST-ZIP	WILLIAMSPORT, PA 17701		CITY-ST-ZIP	Great Neck NY 11021	
TITLE	CFOS	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UZUPIS, STEVEN		NAME	Richard Dill	
STREET ADDRESS	500 ARCH ST		STREET ADDRESS	500 Arch St	
CITY-ST-ZIP	WILLIAMSPORT, PA 17705		CITY-ST-ZIP	Williamsport PA 17701	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODY, ARTHUR		NAME	Mike Pasneilo	
STREET ADDRESS	990 HIGHLAND DR		STREET ADDRESS	123 Gorton DR	
CITY-ST-ZIP	SOLANA BEACH, CA 92075		CITY-ST-ZIP	Muncy PA 17756	
TITLE		<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joseph Largen	
STREET ADDRESS			STREET ADDRESS	500 Arch St	
CITY-ST-ZIP			CITY-ST-ZIP	Williamsport PA 17701	
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		
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: Richard Dill 3/10/08 570 326 2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #