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HONORABLE JAMES N. HOGAN
GLOUCESTER COUNTY CLERK
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GLOUCESTER COUNTY RECORDING DATA PAGE

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GLOUCESTER COUNTY RECORDING DATA PAGE
HONORABLE JAMES N. HOGAN, COUNTY CLERK

POWER OF ATTORNEY
OF
GERALDINE J. CARSON

I, GERALDINE J. CARSON, of the Township of Franklin, County of Gloucester, State of New Jersey, hereby appoint, ROBERT S. CARSON, SR., as my attorney-in-fact with power to transact any and all in my name as though I myself were acting.

This power includes, but is not limited to, the following:

1. Deposits and Withdrawals

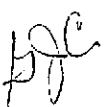
To write checks, and to execute and deliver payment and withdrawal orders on any accounts that I may have with any bank or other similar institution, and to deliver the checks or money paid or withdrawn to any person, group of persons, or associations; and to endorse checks or other instruments for deposit or collections;

2. Collections

To take all lawful steps to recover, collect and receive any amounts of money now or hereafter owing or payable to me; and to comprise and execute releases or other sufficient discharges for them;

3. Trust: Withdraws and Distributions

To withdraw and receive the income or corpus of any trust over which I may have a right of withdrawal, and to request and receive the income or corpus of any trust with respect to which the trustee thereof has the discretionary power to make distributions to me or on my behalf, and execute a receipt and release or such similar document for the property so received;



4. Litigation

To sue and settle suits of any kind in my name or for my benefit, including specifically the power to sue to compel acceptance of and reliance upon this power of attorney and to seek damages, including punitive damages, for failure to accept and rely;

5. Purchases, Sales and Loans

To buy, sell, mortgage, hypothecate or grant security interests in any kind of tangible or intangible personal property.

6. Interest in Securities

To sign, assign or endorse any security issued by any corporation, bank or other organization and to exercise any rights with respect thereto that I may have;

7. Leases and Maintenance of Real Estate

To lease, sell, release, convey, extinguish or mortgage any interest in real property on such terms as may be deemed advisable; and to manage, repair, improve, maintain, restore, build or develop such property;

8. Purchase of Real Estate

To purchase or otherwise acquire any interest in and acquire possession or real property and to accept all deeds and other assurances in the law for such property;

9. Conveyance of Real Estate

To execute, deliver, and acknowledge deeds, deeds of trust, covenants, indentures, agreements, mortgages, hypothecations, bills of lading, bills, bonds, notes, receipts, evidences of debts, releases and satisfactions of mortgage, judgment, ground rents and other debts;

10. Safe Deposit Boxes

To enter my safe deposit boxes and to open new safe deposit boxes; and to add to or remove any of the contents of any such safe deposit boxes; and to close out any of the boxes;

11. Loans and Insurance

To borrow money for my account on whatever terms and conditions may be deemed advisable, including the right to borrow money on any insurance policies issued on my life for any purpose; and to pledge, assign, and deliver such policies as security or to surrender the policy or policies and receive the proceeds;

12. Gifts

To make gifts, outright or in trust, without court approval, in an amount not greater than \$11,000 per donee per year, for the purpose, among others, of appropriate tax planning for my estate; provided, however, that my attorney-in-fact shall make no gift that would interfere with my maintenance at the best possible living standard in accordance with my means;

13. Tax Returns

To prepare, execute and file all federal, state and local tax returns required to be made by me, to pay the taxes due, to collect any refunds, to sign waivers extending the period for the assessment of such taxes or deficiencies in them, to sign consents to the immediate assessment of deficiencies and acceptance of proposed over-assessments, to execute closing agreements, to engage and appoint attorneys to represent me in connection with any matters arising before any federal, state or local taxing agency or with any tax litigation before any court;

14. Hospital and Nursing Home Care

To arrange for my entrance to and care at any hospital, nursing home, health center,

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convalescent home, retirement home, or similar institution, and to authorize, arrange for, consent to, waive and terminate any and all medical and surgical procedures on my behalf, including the administration of drugs; and to pay all bills for my care;

15. Engagement of Advisors

To engage and compensate attorneys-at-law, investment consultants, accountants, brokers, custodians and other advisors or agents.

If my attorney-in-fact name above shall be or become unable or unwilling to serve or continue to serve, I appoint, DAWN A. RING, as his stead or as his successor. Subject to the foregoing, I authorize my attorney-in-fact to appoint a substitute or successor to act as my attorney-in-fact with the same powers as though named by me in this Power of Attorney.

I hereby ratify and confirm all that my attorney-in-fact shall lawfully do, or cause to be done, by virtue of this Power of Attorney.

This Power of Attorney can be revoked by me by sending written notice of such revocation by certified mail, return receipt requested, to my attorney-in-fact or her substitute or successor.

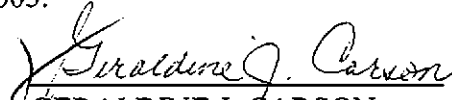
This Power of Attorney shall not be affected by my physical or mental disability or incapacity or by uncertainty as to whether I am dead or alive, and it may be accepted and relied upon by anyone to whom it is presented until such person (1) receives written notice of revocation by me or a guardian (or similar fiduciary) of my estate, or (2) has actual knowledge of my death. Disability is defined in N.J.S.A. 46:2B-8B as follows: A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age,

chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

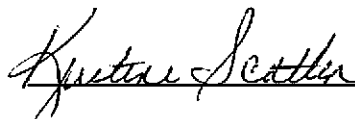
This Power of Attorney shall commence upon execution of this document and shall continue indefinitely for the purposes stated herein.

By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

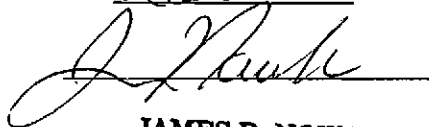
IN WITNESS WHEREOF, and attending to be legally bound hereby, I have signed this Power of Attorney this 10th day of October, 2005.


GERALDINE J. CARSON

 residing at 1913 Greentree Road, Cherry Hill, NJ 08003

 residing at 1913 Greentree Road, Cherry Hill, NJ 08003

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 10th DAY
OF October 2005.

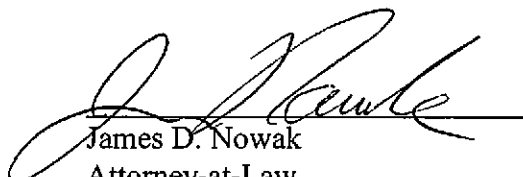

JAMES D. NOWAK
ATTORNEY AT LAW
STATE OF NEW JERSEY

STATE OF NEW JERSEY :
: SS:
:
COUNTY OF CAMDEN :

ACKNOWLEDGMENT

I, James D. Nowak, hereby certify that the person appearing before me, GERALDINE J. CARSON, is the person identified in this Power of Attorney, and that she did execute this Power of Attorney before me and in my presence.

Date: 10/10/2005


James D. Nowak
Attorney-at-Law
State of New Jersey