2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003512

Address:

City-St-Zip:

695 RANCOCAS ROAD

WESTAMPTON, NJ 08060

FILED Jan 14, 2009 Secretary of State

Entity Na	me: PHILLIP	S & COHEN ASSOCIATES, LT	D., CORP.			
Current Principal Place of Business:			New Princip	New Principal Place of Business:		
1002 JUSTISON ST. WILMINGTON, DE 19801				695 RANCOCAS ROAD WESTAMPTON, NJ 08060		
Current M	lailing Addre	ss:	New Mailing	New Mailing Address:		
695 RANCOCAS RD. WESTAMPTON, NJ 08060				1002 JUSTISON STREET WILMINGTON, DE 19801		
FEI Number	: 22-3527610	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status	Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
OFFENBERG, LAYN 300 NW 82ND AVE 500 PLANTATION, FL 33324 US			900 S. PINE 120	OFFENBERG, LAYN 900 S. PINE ISLAND ROAD 120 PLANTATION, FL 33324 US		
	named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered a	gent, or both,	
SIGNATUI	RE:			01/14/2009		
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CPTD (PHILLIPS, MA 695 RANCOC WESTAMPTO	AS ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CVSD (COHEN, ADAI 695 RANCOC WESTAMPTO	AS ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	P (ENDERS, HO) Delete WARD A	Title: Name:	() Change () Addition		

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

Address:

City-St-Zip:

SIGNATURE: HOWARD A. ENDERS Ρ 01/14/2009