

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006498

Entity Name: ECOR SOLUTIONS, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

1075 ANDREW DRIVE
SUITE I
WEST CHESTER, PA 19380

New Principal Place of Business:

Current Mailing Address:

1075 ANDREW DRIVE
SUITE I
WEST CHESTER, PA 19380

New Mailing Address:

FEI Number: 31-1264655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCOB () Delete
Name: DEFILIPPI, JOHN A
Address: 68 BIRCH STREET
City-St-Zip: PORT WASHINGTON, NY 11050

Title: PCEO () Delete
Name: GARONZIK, ARNON E
Address: 1075 ANDREW DRIVE, SUITE I
City-St-Zip: WEST CHESTER, PA 19380

Title: VPS () Delete
Name: MCCracken, THOMAS L
Address: 1075 ANDREW DRIVE, SUITE I
City-St-Zip: WEST CHESTER, PA 19380

Title: D () Delete
Name: WOODRUFF, PAUL H
Address: 855 SPRINGDALE DR SUITE 100
City-St-Zip: EXTON, PA 19341

Title: D () Delete
Name: GARRISON, WALTER R
Address: 238 SYCAMORE MILLS RD
City-St-Zip: ROSE TREE, PA 19063

Title: D () Delete
Name: PORFIDO, STANLEY M
Address: 5204 WILSON DRIVE
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: KING, PETER L
Address: 1075 ANDREW DRIVE, SUITE I
City-St-Zip: WEST CHESTER, PA 19380

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ARNON E. GARONZIK

PCEO

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date