

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003880

FILED
Jan 06, 2011
Secretary of State

Entity Name: SUSQUEHANNA COMMERCIAL FINANCE, INC.

Current Principal Place of Business:

1566 MEDICAL DRIVE
SUITE 201
POTTSTOWN, PA 19464

New Principal Place of Business:

Current Mailing Address:

1566 MEDICAL DRIVE
SUITE 201
POTTSTOWN, PA 19464

New Mailing Address:

26 N CEDAR STREET
LITITZ, PA 17543

FEI Number: 06-1504098

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: BOYER, ROBERT L JR.
Address: 1566 MEDICAL DRIVE #201
City-St-Zip: POTTSTOWN, PA 19464

Title: TREA
Name: PICKETT, BRIAN
Address: 1566 MEDICAL DRIVE #201
City-St-Zip: POTTSTOWN, PA 19464

Title: SEC
Name: REBER, CHRISTINE
Address: 1566 MEDICAL DRIVE #201
City-St-Zip: POTTSTOWN, PA 19464

Title: VP
Name: MAULFAIR, PAUL
Address: 26 N. CEDAR STREET
City-St-Zip: LITITZ, PA 17543

Title: DIR
Name: LIZZA, JOSEPH R
Address: 1566 MEDICAL DRIVE #201
City-St-Zip: POTTSTOWN, PA 19464

Title: DIR
Name: MONTGOMERY, JOHN H
Address: 1566 MEDICAL DRIVE #201
City-St-Zip: POTTSTOWN, PA 19464

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

SIGNATURE: PAUL W MAULFAIR

VP

01/06/2011

Electronic Signature of Signing Officer or Director

Date