

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003836

Entity Name: PENNONI ASSOCIATES INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

ONE DREXEL PLAZA
3001 MARKET STREET
PHILADELPHIA, PA 19104

New Principal Place of Business:

Current Mailing Address:

ONE DREXEL PLAZA
3001 MARKET STREET
PHILADELPHIA, PA 19104

New Mailing Address:

FEI Number: 23-1683429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATCHLETT, NANCY
C/O 2203 INDIA BLVD.
DELTONA, FL 32738 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: PD () Delete
Name: BARTOLOMEO, ANTHONY S
Address: 7 MANSOOR COURT
City-St-Zip: SEWELL, NJ 08080

Title: VPD () Delete
Name: SHAFFER, NELSON J
Address: 1715 HILLCREST LANE
City-St-Zip: ASTON, PA 19014

Title: TD () Delete
Name: FLICKER, ERIC L
Address: 1355 TROON LANE
City-St-Zip: WEST CHESTER, PA 19380

Title: VPD () Delete
Name: DELIZZA, DAVID A
Address: 729 WHITMAN DRIVE
City-St-Zip: TURNERSVILLE, NJ 08012

Title: VP () Delete
Name: PENNONI, ANDREW J
Address: 906 TRUEPENNY ROAD
City-St-Zip: MEDIA, PA 19063

Title: SD () Delete
Name: COOTE, PETER J
Address: 128 WALTER DRIVE
City-St-Zip: MEDIA, PA 19063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PETER J. COOTE

SD

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date