## FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90074 023 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

		74,550				_	05-04-200	1/ 90074 02	3	100.00
DOCUMENT # 648286  1. Entity Name SELKIRK SYSTEMS, INC.						.010	4954			
Dringing Plac	co of Business		Mailing Address	<del></del>	1 4010	4303				
Principal Place of Business Mailing Address  1500 MARKET STREET 1500 MARKET STRI  11TH FLOOR 11TH FLOOR PHILADELPHIA, PA 19102 PHILADELPHIA, PA					•			. בול מצוא הענים החצוא		1 <b>111</b> 1 N 1 <b>11</b> 11
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt.	·		Suite, Apt. #, etc.				Chg-P	CR2E034 (		
City & State			City & State		4. FEI Numbe 59-1837			<b>→</b>	plied For t Applicable	
Zip	Country		Zíp			1	of Status Desired	Fee	75 Ada Require	
<del></del>	6. Name a	nd Address of Curren	Registered Agent	7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	<b>.</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and little 3 applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
			<del></del>						_	
FILE NOW!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									İ	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	HANGES TO OFF	CERS AND DIE	ECTOR	S IN 11
mue	Р		☐ Delete	IIIL	·				Change	Addition
NAME	ROBERTS.	BRIAN L	NAM		•				ongo	
STREET ADDRESS	1500 MARK	ET ST.	STRE		EET ADDRESS					
CITY-ST-ZIP	PHILADELP	'HIA, PA 19102	CITY		-ST-71P					
TITLE	V □ Delute				E				Change	Addition
MAME	BACKSTRO	M, STEPHEN C.	•	NAM	Œ				•	_
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CITY-ST-ZIP	PHILADELPHIA, PA 19102				-S1-ZIP		<del></del>		_	
RIVE	V		<b>≥</b> Delete	BTL	1				Change	☐ Addition
NAME CONTACT ADDRESS	•				E					
STREET ADORESS CITY-ST-ZIP					ET ADORESS - ST-ZIP					ĺ
	The state of the s								<u> </u>	[7] Addition
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CITY-ST-ZIP	PHILADELPHIA, PA 19102 cm				-ST-ZIP				·	
NAME	ALCHIN, JO	HN	☐ Delete	MAM	- I			IJ	Change	Addition
STREET ADDRESS	1500 MARK				ET ADDRESS					j
CITY-ST-ZIP	1	HIA, PA 19102	CITY	-SI-ZIP					ļ	
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CITY-ST-ZIP		HIA, PA 19102	h this liling dans and malife to		-ST-ZIP	1 in Chanter 110	Elorida Statuta 1	futher and the	ot the !-	formation
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under certify 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: C. S. B. C. Stephen Backstrom, VP 215-981-7557  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  C. Stephen Backstrom, VP Date Dayling Printed Dayling Printed Name Of SIGNING OFFICER OR DIRECTOR										