2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# 834227

Entity Name: NEW AMERICA NETWORK INC.

Current Principal Place of Business:

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

New Principal Place of Business:

4 INDEPENDENCE WAY
SUITE 400
PRINCETON, NJ 08540

Current Mailing Address:

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

New Mailing Address:

4 INDEPENDENCE WAY
SUITE 400
PRINCETON, NJ 08540

FEI Number: 23-1916759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S 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:	C	( ) Delete
Name:	FINN, GERALD C CHAIRMA	
Address:	141 CORSON AVE	
City-St-Zip:	TRENTON, NJ 08690 US	
Title:	D	( ) Delete
Name:	GROSSMAN, JOSEPH DIRECTO	
Address:	12 MILLBROOK LANE	
City-St-Zip:	COLTS NECK, NJ 07722 US	
Title:	CP	( ) Delete
Name:	FINN, JEFFREY M CEO/PRE	
Address:	14 SLEEPY HOLLOW DRIVE	
City-St-Zip:	ALLENTOWN, NJ 08501 US	
Title:	D	( ) Delete
Name:	SHEGOSKI, MARK L DIRECTO	
Address:	89 KILDEE RD.	
City-St-Zip:	BELLE MEADE, NJ 08502 US	
Title:	D	( ) Delete
Name:	HANSON, PETER O DIRECTO	
Address:	225 MOORE STREET	
City-St-Zip:	HACKENSACK, NJ 07601 US	
Title:	D	( ) Delete
Name:	KRANZOORF, NORMAN M DIRECTO	
Address:	630 WEST GERMANTOWN AVE STE 321	
City-St-Zip:	PLYMOUTH MEETING, PA 19462 US	

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: JEFFREY M. FINN CEO 02/25/2009

Electronic Signature of Signing Officer or Director — Date