## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 851541**

Entity Name: M. COHEN AND SONS, INC

827 CASTLEFINN LANE

BRYN MAWR, PA 19010

Address: City-St-Zip: FILED Jun 26, 2009 Secretary of State

•				
Current Principal Place of Business:			New Principal Place of Business:	
400 REED BROOMAL	ROAD L, PA 19008			
Current Mailing Address:			New Mailing Address:	
400 REED BROOMAL	ROAD L, PA 19008			
FEI Number	: 23-1660294	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
VENICE, F	ISHOP MERCE DRIVE FL 34292 US		urpose of changing its registere	d office or registered agent, or both,
SIGNATU				
SIGNATOR		ic Signature of Registered Age	ent	 Date
Election Car	npaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V ( ) COHEN, RONA 204 LYNBERGI BROOMALL, PA	HAVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ST ( ) COHEN, HOWA 107 FARIVIEW PENN VALLEY,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	P ( ) COHEN, ALLEN	Delete	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: HOWARD COHEN ST 06/26/2009