


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0000006974**  
 1. Entity Name  
**COMCAST ABB MANAGEMENT CORPORATION**



Principal Place of Business  
**1500 MARKET STREET  
 PHILADELPHIA, PA 19102**

Mailing Address  
**1500 MARKET STREET  
 PHILADELPHIA, PA 19102**

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**84-0932656** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURKE, STEPHEN B
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VP
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	S
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	T
NAME	ALCHIN, JOHN R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	D
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	D
NAME	SMITH, LAWRENCE S
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102

**DO NOT WRITE IN THIS SPACE**

100000343337  
 04/29/05-80091-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.S. Backstrom **C. STEPHEN BACKSTROM, VP** 4/27/05 **215-981-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #