


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-0932656	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, STEPHEN B		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR R		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALCHIN, JOHN R		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR R		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <u>C. S. Backstrom</u>		C. Stephen Backstrom, VP		Date: <u>4/23/07</u> Daytime Phone #: <u>215-981-7557</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



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