


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90110 036 ***150.00

DOCUMENT # F00000006974 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 # 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc.		3. Mailing Address 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc.			
City & State PHILADELPHIA PA		City & State PHILADELPHIA PA		4. FEI Number 84-0932656	
Zip 19103-2838		Country USA		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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN B 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACKSTROM, C. STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALCHIN, JOHN R 1500 MARKET STREET PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T KENNETH MIKALASKAS 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LAWRENCE S 1500 MARKET STREET PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>C. Stephen Backstrom</i>			C. STEPHEN BACKSTROM, VP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/21/08 Daytime Phone # 215-286-7557		

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