


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90110 032 ***150.00

DOCUMENT # F01000004731	
1. Entity Name STRATA MARKETING, INC.	

Principal Place of Business 1500 MARKET STREET TAX DEPT PHILADELPHIA, PA 19102	Mailing Address 1500 MARKET STREET TAX DEPT PHILADELPHIA, PA 19102
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40081043



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
Zip 19103-2838	Country USA

04152008 Chg-P CR2E034 (12/06)

4. FEI Number 36-3259306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BLOCK, ARTHUR R 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELTON, JOHN 1522 MAPLE WILMETTE, IL 60091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19103-2838 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALCHIN, JOHN R 1500 MARKET ST PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNETH MIKALAUSKAS 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: C. S. Backstrom **C. STEPHEN BACKSTROM, VP** 4/21/08 **215-286-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #