

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005195

FILED
Apr 23, 2009
Secretary of State

Entity Name: CROTHALL FACILITIES MANAGEMENT INC.

Current Principal Place of Business:

955 CHESTER BROOK BLVD.
SUITE 300
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

C/O TX DEPT
2400 YORKMONT RD
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 23-2746892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVGS () Delete
Name: WELLS, C. PHILLIP
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: CEOD () Delete
Name: KUTTEH, ROBERT
Address: 955 CHESTER BROOK BLVD., SUITE 300
City-St-Zip: WAYNE, PA 19087

Title: TD () Delete
Name: GATTI, DANIEL
Address: 955 CHESTER BROOK BLVD., SUITE 300
City-St-Zip: WAYNE, PA 19087

Title: S () Delete
Name: SLISTLER, VICTORIA E
Address: 955 CHESTERBROOK BLVD
City-St-Zip: WAYNE, PA 19087

Title: AS () Delete
Name: ROSSITCH, RICHARD J
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

Title: AS () Delete
Name: DELANO, DEBORAH K
Address: 2400 YORKMONT ROAD
City-St-Zip: CHARLOTTE, NC 28217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: C PHILLIP WELLS

SVGS

04/23/2009

Electronic Signature of Signing Officer or Director

Date