


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90150 019 ***150.00

DOCUMENT # F02000001801

1. Entity Name
COMCAST ABB NETWORK SOLUTIONS, INC.



Principal Place of Business Mailing Address
1500 MARKET ST. **1500 MARKET ST.**
PHILADELPHIA, PA 19102-2148 US **PHILADELPHIA, PA 19102-2148 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
84-1402910 Not Applicable

Zip Country Zip Country

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	BURKE, STEPHEN B
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	V <input type="checkbox"/> Delete
NAME	BACKSTROM, STEPHEN C
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	S <input type="checkbox"/> Delete
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	T <input type="checkbox"/> Delete
NAME	ALCHIN, JOHN R
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	D <input type="checkbox"/> Delete
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SMITH, LAWRENCE S
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BACKSTROM, C. STEPHEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. Stephen 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 #