2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000793

UHLMAN, MARK A

GAUDINO, STÉVEN

2137 WELSH ROAD, SUITE 3C

PHILADELPHIA, PA 19115 US

2137 WELSH ROAD, SUITE 3C

PHILADELPHIA, PA 19115 US

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: KNOWLEDGE KEY ASSOCIATES, INC

FILED Mar 20, 2009 Secretary of State

•		,				
Current P	rincipal Pla	ce of Business:	New Pr	New Principal Place of Business:		
2137 WELSH ROAD SUITE 3C PHILADELPHIA, PA 19115			SUITE '	SIX NESHAMINY INTERPLEX SUITE 101 TREVOSE, PA 19053		
	lailing Addr			New Mailing Address:		
Current W	iaiiiig Auui	c35.	IACAA IAIG	•		
2137 WELSH ROAD SUITE 3C PHILADELPHIA, PA 19115			SUITE 1	SIX NESHAMINY INTERPLEX SUITE 101 TREVOSE, PA 19053		
FEI Number:	: 22-3632086	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			: Name a	Name and Address of New Registered Agent:		
The above	e of Florida.		he purpose of changir	ıg its registel	red office or registered agent, or both,	
	Electr	onic Signature of Registered	Agent	Date		
Election Car	npaign Financ	ing Trust Fund Contribution ().				
OFFICER	S AND DIRE	CTORS:	ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ABELSON, J 2137 WELSH	() Delete OSEPH I ROAD, SUITE 3C IIA, PA 19115 US	Title: Name: Address: City-St-Zi	SIX NESH	(X) Change()Addition I, JOSEPH IAMINY INTERPLEX, SUITE 101 E, PA 19053 US	
Title: Name: Address: City-St-Zip:	PORTER, CH 2137 WELSH	() Delete IRISTOPHER I ROAD, SUITE 3C IIA, PA 19115 US	Title: Name: Address: City-St-Zi	SIX NESH	(X) Change () Addition CHRISTOPHER IAMINY INTERPLEX, SUITE 101 E, PA 19053 US	
Title:	S	() Delete	Title:	s	(X) Change () Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

UHLMAN, MARK A

GAUDINO, STEVEN

TREVOSE, PA 19053 US

TREVOSE, PA 19053 US

SIX NESHAMINY INTERPLEX, SUITE 101

SIX NESHAMINY INTERPLEX, SUITE 101

(X) Change () Addition

SIGNATURE: MARK A. UHLMAN S 03/20/2009