

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001138

FILED
Feb 12, 2009
Secretary of State

Entity Name: CHASE VENTURES HOLDINGS, INC.

Current Principal Place of Business:

194 WOOD AVE SOUTH
EDISON, NJ 08837

New Principal Place of Business:

Current Mailing Address:

LAUREN V. HARRIS
194 WOOD AVE SOUTH FLOOR 2- LEGAL DEPT.
ISELIN, NJ 08830

New Mailing Address:

FEI Number: 13-3989402 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: P () Delete
Name: BARBER, SUSAN
Address: 194 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: CEO () Delete
Name: SMITH, DESMOND
Address: 194 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830

Title: S () Delete
Name: BERRY, JAMES C
Address: 270 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: SVP () Delete
Name: BARREN, JOHN
Address: 3915 VISION DRIVE
City-St-Zip: COLUMBUS, OH 43219

Title: AS () Delete
Name: VALENTINO, ANTHONY
Address: 194 WOOD AVENUE SOUTH, FLOOR 2
City-St-Zip: ISELIN, NJ 08830

Title: AS () Delete
Name: HARRIS, LAUREN V
Address: 194 WOOD AVENUE SOUTH, FLOOR 2
City-St-Zip: ISELIN, NJ 08830

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: NIKKI JORDAN

AVP

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date