


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90017 002 \*\*\*150.00

<b>DOCUMENT # F04000002755</b> 1. Entity Name INTEGRATED COMMERCIALIZATION SOLUTIONS, INC.					
Principal Place of Business 4006 BEHLIN ROAD, SUITE 200 ADDISON, TX 75001				Mailing Address P.O. BOX 959 VALLEY FORGE, PA 19482	
2. Principal Place of Business 1300 Morris Drive		3. Mailing Address 1300 Morris Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01102005    Chg-P    CR2E034 (10/03)	
City & State Chesterbrook PA		City & State Chesterbrook PA		4. FEI Number 75-2758166	
Zip 19087		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLIS, STEVEN H 4006 BELTLINE ROAD, SUITE 200 ADDISON, TX 75001 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Morris Drive Chesterbrook PA 19087 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICANDILO, MICHAEL D 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/SVP+CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPRAGUE, WILLIAM D 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP + Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CHOU, JOHN G 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Asst Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT QUINN, J.F. 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Corporate Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAUSINGER, VICKI L 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel T. Hirst <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Daniel T. Hirst</u> <u>Daniel T. Hirst</u> <u>3/9/2005</u> <u>610 727 7000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					