

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90114 015 ***150.00

DOCUMENT # F04000002755

1. Entity Name
INTEGRATED COMMERCIALIZATION SOLUTIONS, INC.



Principal Place of Business

**1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

Mailing Address

**1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

2. Principal Place of Business

1300 Morris Drive

Suite, Apt. #, etc.

3. Mailing Address

1300 Morris Drive

Suite, Apt. #, etc.

03222006

Chg-P

CR2E034 (11/05)

City & State

Chesterbrook PA

City & State

Chesterbrook PA

Zip

19087

Country

USA

Zip

19087

Country

USA

4. FEI Number

75-2758166

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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** ☐ Delete
NAME **COLLIS, STEVEN H**
STREET ADDRESS **1300 MORRIS DRIVE**
CITY-ST-ZIP **CHESTERBROOK, PA 19087**

TITLE **DSVC** ☐ Delete
NAME **DICANDILO, MICHAEL D**
STREET ADDRESS **1300 MORRIS DRIVE**
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

TITLE **SVS** ☒ Delete
NAME **SPRAGUE, WILLIAM D**
STREET ADDRESS **1300 MORRIS DRIVE**
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

TITLE **VAS** ☒ Delete
NAME **CHOU, JOHN G**
STREET ADDRESS **1300 MORRIS DRIVE**
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

TITLE **VCT** ☐ Delete
NAME **QUINN, J.F.**
STREET ADDRESS **1300 MORRIS DRIVE**
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

TITLE **AS** ☐ Delete
NAME **HIRST, DANIEL T**
STREET ADDRESS **1300 MORRIS DRIVE**
CITY-ST-ZIP **CHESTERBROOK, PA 190875594**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP + Secretary** ☐ Change ☒ Addition
NAME **John Chou**
STREET ADDRESS **1300 Morris Drive**
CITY-ST-ZIP **Chesterbrook PA 19087**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/2006

610 227-7000