


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000002755 1. Entity Name INTEGRATED COMMERCIALIZATION SOLUTIONS, INC.	
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Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
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04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2758166	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLIS, STEVEN H 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC DICANDILO, MICHAEL D 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHOU, JOHN 1300 MORRIS DR CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT QUINN, J.F. 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000705618
04/23/07-80058-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Daniel T. Hirst 4/5/2007 (610) 722-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #