

FILED
May 02, 2008 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # F04000002755</h1>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name
					Street Address
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Delete
NAME	COLLIS, STEVEN H		NAME	COLLIS, STEVEN H	
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	DSVC	<input type="checkbox"/> Delete	TITLE	DSVC	<input type="checkbox"/> Delete
NAME	DICANDILO, MICHAEL D		NAME	DICANDILO, MICHAEL D	
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 190875594		CITY-ST-ZIP	CHESTERBROOK, PA 190875594	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Delete
NAME	CHOU, JOHN		NAME	CHOU, JOHN	
STREET ADDRESS	1300 MORRIS DR		STREET ADDRESS	1300 MORRIS DR	
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	VCT	<input type="checkbox"/> Delete	TITLE	VCT	<input type="checkbox"/> Delete
NAME	QUINN, J.F.		NAME	QUINN, J.F.	
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 190875594		CITY-ST-ZIP	CHESTERBROOK, PA 190875594	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Delete
NAME	HIRST, DANIEL T		NAME	HIRST, DANIEL T	
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 190875594		CITY-ST-ZIP	CHESTERBROOK, PA 190875594	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, F.S., 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					