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

05-02-2008 90138 024 \*\*\*150.00

2008	FOR PROFI	II CORPORA	ION
	ANNUAI	L REPORT	

DOCUMENT # F04000002755 INTEGRATED COMMERCIALIZATION SOLUTIONS, INC. Principal Place of Business Mailing Address 1300 MORRIS DRIVE 1300 MORRIS DRIVE CHESTERBROOK, PA 19087 CHESTERBROOK, PA 19087 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 Chg-P CR2E034 (12/06) Applied For City & State 4. EELNumber City & State 75-2758166 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code Fl 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. mar Change ☐ Addition TITLE ☐ Delete COLLIS, STEVEN H NAME NAME STREET ADDRESS STREET ADDRESS 1300 MORRIS DRIVE CITY-ST-ZIP CHESTERBROOK, PA 19087 CITY-ST-ZIP DSVC DIEUP+CFO Сhange ■ Addition ☐ Delete DILE TITLE Michael D. Dicandilo DICANDILO, MICHAEL D NAME NAME 1300 morris Orive STREET ADDRESS 1300 MORRIS DRIVE STREET ADDRESS Chesterbrook PA 19087 CITY-ST-ZIP CHESTERBROOK, PA 190875594 CITY - ST - 7IP SUP, General Counse 1+ Secretary vs Change ☐ Addition TITLE TITLE ☐ Delete John Chau CHOU, JOHN NAME NAME 1300 Morris Drive STREET ADDRESS 1300 MORRIS DR STREET ADDRESS CITY-\$1-ZIP CHESTERBROOK, PA 19087 CITY-ST-7IP Chesterbrook PA 19087 Delete Change Addition TITLE VCT TITLE QUINN, J.F. NAME NAME STREET ADDRESS STREET ADDRESS 1300 MORRIS DRIVE CITY-ST-ZIP CHESTERBROOK, PA 190875594 CHY-ST-ZIP ☐ Change ☐ Addition AS ☐ Delete TITLE NAME NAME HIRST, DANIEL T 1300 MORRIS DRIVE STREET ADDRESS STREET ADDRESS CHESTERBROOK, PA 190875594 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete UHF 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 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 amaddress, with all other like approvered. 0001- (E(010) 8008/86/4 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR