

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003675

FILED
Jan 05, 2009
Secretary of State

Entity Name: MAKSIN MANAGEMENT CORP.

Current Principal Place of Business:

2500 MCLELLAN AVENUE, STE. 160
KEVON OFFICE CENTER
PENNSAUKEN, NJ 08109

New Principal Place of Business:

TWO AQUARIUM DRIVE
SUITE 200
CAMDEN, NJ 08103

Current Mailing Address:

2500 MCLELLAN AVENUE, STE. 160
KEVON OFFICE CENTER
PENNSAUKEN, NJ 08109

New Mailing Address:

TWO AQUARIUM DRIVE
SUITE 200
CAMDEN, NJ 08103

FEI Number: 22-1955953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SMITH, THOMAS F
Address: 2500 MCLELLAN AVENUE, STE. 160
City-St-Zip: PENNSAUKEN, NJ 08109

Title: DST () Delete
Name: MCGRATH, MATTHEW
Address: 2500 MCLELLAN AVENUE, STE. 160
City-St-Zip: PENNSAUKEN, NJ 08109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: SMITH, THOMAS F
Address: TWO AQUARIUM DRIVE, SUITE 200
City-St-Zip: CAMDEN, NJ 08103

Title: DST (X) Change () Addition
Name: MCGRATH, MATTHEW
Address: TWO AQUARIUM DRIVE, STE. 200
City-St-Zip: CAMDEN, NJ 08103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. SMITH

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date