

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001358

FILED
Apr 16, 2009
Secretary of State

Entity Name: STOREROOM SOLUTIONS, INC.

Current Principal Place of Business:

TWO RADNOR CORP CIRCLE
SUITE 400
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

TWO RADNOR CORP CIRCLE
SUITE 400
WAYNE, PA 19087

New Mailing Address:

FEI Number: 23-2868721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: TELLEZ, CARLOS L
Address: TWO RADNOR CORP. CENTER, SUITE 400
City-St-Zip: RADNOR, PA 19087

Title: S () Delete
Name: FERRARA, ROBERT L
Address: TWO RADNOR CORP CENTER, SUITE 400
City-St-Zip: RADNOR, PA 19087

Title: SD () Delete
Name: NEWHART, SUSAN G
Address: 71 GROW AVENUE
City-St-Zip: MONTROSE, PA 18801

Title: C () Delete
Name: NEWHART, LAWRENCE E
Address: 71 GROW AVENUE
City-St-Zip: MONTROSE, PA 18801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT FERRARA

SRVP

04/16/2009

Electronic Signature of Signing Officer or Director

Date