# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 25, 2009**
**Secretary of State**

DOCUMENT# F07000001132

**Entity Name:** INTERSTATE COMMERCIAL REAL ESTATE, INC.

**Current Principal Place of Business:**

17000 HORISON WAY
SUITE 100
MOUNT LAUREL, NJ 08054

**New Principal Place of Business:**

**Current Mailing Address:**

17000 HORISON WAY
SUITE 100
MOUNT LAUREL, NJ 08054

**New Mailing Address:**

**FEI Number: 22-3201819** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEKOGIAN, NICKOLAS W III
3000 HOLIDAY DR, APT 905
FT LAUDERDALE, FL 33316 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: CP ( ) Delete
Name: SILVESTRI, JOHN P
Address: 17000 HORIZON WAY, SUITE 100
City-St-Zip: MT. LAUREL, NJ 08054

Title: VP ( ) Delete
Name: JEKOGIAN, NICKOLAS W
Address: 3000 HOLIDAY DR, APT 905
City-St-Zip: FT LAUDERDALE, FL 33316

Title: S ( ) Delete
Name: LOWTHER, KENNETH E
Address: 17000 HORIZON WAY, SUITE 100
City-St-Zip: MT. LAUREL, NJ 08054

Title: T ( ) Delete
Name: SHARPE, THOMAS C
Address: 17000 HORIZON WAY, SUITE 100
City-St-Zip: MT. LAUREL, NJ 08054

**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: THOMAS C. SHARPE VP 06/25/2009

Electronic Signature of Signing Officer or Director — Date