

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003217

FILED
Apr 14, 2008
Secretary of State

Entity Name: ABI NETWORK SOLUTIONS, INC.

Current Principal Place of Business:

50 WEST MAIN STREET SUITE 737
UNIONTOWN, PA 15401

New Principal Place of Business:

1321 CONNELLSVILLE ROAD
LEMONT FURNACE, PA 15456

Current Mailing Address:

50 WEST MAIN STREET SUITE 737
UNIONTOWN, PA 15401

New Mailing Address:

1321 CONNELLSVILLE ROAD
LEMONT FURNACE, PA 15456

FEI Number: 01-0637548

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: C () Delete
Name: FRANCIS, JOHN
Address: 400 SOUTH RIVER ROAD
City-St-Zip: NEW HOPE, PA 18938

Title: VCP () Delete
Name: JOHN, A. STEPHEN
Address: 50 WEST MAIN STREET SUITE 737
City-St-Zip: UNIONTOWN, PA 15401

Title: D () Delete
Name: HOPPER, PETER
Address: 1350 AVENUE OF THE AMERICAS SUITE 1145
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: BAUM, THEODORE
Address: 1350 AVE OF THE AMERICAS SUITE 1145
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: ELLSWORTH, RICHARD
Address: 50 WEST MAIN STREET SUITE 737
City-St-Zip: UNIONTOWN, PA 15401

Title: ST () Delete
Name: KASSAB, ADAM C
Address: 50 WEST MAIN STREET SUITE 737
City-St-Zip: UNIONTOWN, PA 15401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GRUNDMAN, THOMAS F
Address: 4 BOWMANS DRIVE
City-St-Zip: NEW HOPE, PA 18938

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:

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: ADAM C. KASSAB

ST

04/14/2008

Electronic Signature of Signing Officer or Director

Date