

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003217

FILED  
May 11, 2011  
Secretary of State

Entity Name: ABI NETWORK SOLUTIONS, INC.

## Current Principal Place of Business:

1321 CONNELLSVILLE ROAD  
LEMONT FURNACE, PA 15456

## New Principal Place of Business:

## Current Mailing Address:

1321 CONNELLSVILLE ROAD  
LEMONT FURNACE, PA 15456

## New Mailing Address:

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

## OFFICERS AND DIRECTORS:

Title: CFO  
Name: JOHN, FRANCIS  
Address: 400 SOUTH RIVER ROAD  
City-St-Zip: NEW HOPE, PA 18938

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

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

Title: VP  
Name: ELLSWORTH, RICHARD  
Address: 1321 CONNELLSVILLE ROAD  
City-St-Zip: LEMONT FURNACE, PA 15456

Title: ST  
Name: KASSAB, ADAM C  
Address: 1321 CONNELLSVILLE ROAD  
City-St-Zip: LEMONT FURNACE, PA 15456

I hereby 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 all other like empowered.

SIGNATURE: ADAM C. KASSAB

CFO

05/11/2011

Electronic Signature of Signing Officer or Director

Date