

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90024 049 \*\*\*150.00



**DOCUMENT # F07000005491**  
 1. Entity Name  
**BUSINESS & DECISION NORTH AMERICA (PA), INC.**

Principal Place of Business Mailing Address  
 900 WEST VALLEY ROAD SUITE 900 1000 900 WEST VALLEY ROAD SUITE 900 1000  
 WAYNE, PA 19087 WAYNE, PA 19087

YU110404



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07072008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For  
 75-3210793 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	KEARON, ROBIN	
STREET ADDRESS	413 NATURE LANE	
CITY-ST-ZIP	ROCKVILLE, MD 20850	
TITLE	VCEO	<input checked="" type="checkbox"/> Delete
NAME	THAUETTE, SYLVAIN	
STREET ADDRESS	2010 DURANGO WAY	
CITY-ST-ZIP	CHICO, CA 95926	
TITLE	<del>SECO COO</del>	<input type="checkbox"/> Delete
NAME	FERRAIOLI, ALFRED K	
STREET ADDRESS	433 DONALYN LANE	
CITY-ST-ZIP	BERWYN, PA 19312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other file empowered.

**SIGNATURE:** \_\_\_\_\_ **7/7/08** **610-230-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #