

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004411

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CAPITAL PROJECT MANAGEMENT OF DELAWARE, INC.

## Current Principal Place of Business:

1777 SENTRY PARKWAY WEST  
ABINGTON HALL, SUITE 100  
BLUE BELL, PA 19422

## New Principal Place of Business:

## Current Mailing Address:

1777 SENTRY PARKWAY WEST  
ABINGTON HALL, SUITE 100  
BLUE BELL, PA 19422

## New Mailing Address:

FEI Number: 23-2827922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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: D'ONOFRIO, MICHAEL F  
Address: 1777 SENTRY PKWY WEST, ABINGTON HALL #100  
City-St-Zip: BLUE BELL, FL 19422210

Title: VCP ( ) Delete  
Name: BRENNAN, FRANCIS J  
Address: 1777 SENTRY PKWY WEST, ABINGTON HALL #100  
City-St-Zip: BLUE BELL, FL 19422210

Title: TD ( ) Delete  
Name: BAYNES, BRUCE J  
Address: 1777 SENTRY PKWY WEST, ABINGTON HALL #100  
City-St-Zip: BLUE BELL, FL 19422210

Title: SD ( ) Delete  
Name: PARISI, RONALD F  
Address: 1777 SENTRY PKWY WEST, ABINGTON HALL #100  
City-St-Zip: BLUE BELL, FL 19422210

Title: VPD ( ) Delete  
Name: WOLF, WILLIAM M JR.  
Address: 1777 SENTRY PKWY WEST, ABINGTON HALL #100  
City-St-Zip: BLUE BELL, FL 19422210

Title: VPD ( ) Delete  
Name: STRICKLER, GEORGE J  
Address: 1777 SENTRY PKWY WEST, ABINGTON HALL #100  
City-St-Zip: BLUE BELL, FL 19422210

## 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:

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: CAROL LEVA

ADMI

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date