## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000004495

Entity Name: ABBOTT & COBB, INC.

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4151 STREET RD TREVOSE, PA 19053 **Current Mailing Address: New Mailing Address:** P.O. BOX 307 FEASTERVILLE, PA 19053 US FEI Number: 23-1936286 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CTD ( ) Delete Title: () Change () Addition ABBOTT, ARTHUR C Name: Name: 777 NE HARBOUR DR Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: Title: ( ) Delete () Change () Addition KOPP, LINDA M Name: Name: 613 SOCIETY PLACE Address: Address: NEWTOWN, PA 18940 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VS. VΡ (X) Change ( ) Addition RINKUS, BETH ANN RINKUS, BETH ANN Name: Name: 1577 CREEK ROAD 1577 CREEK ROAD Address: Address: City-St-Zip: FURLONG, PA 18925 City-St-Zip: FURLONG, PA 18925 Title: ( ) Delete Title: () Change () Addition WEINBERG, DAVID Name: Name: Address: 8 WHYTE CT. Address: City-St-Zip: VOORHEES, NJ 08043 City-St-Zip: Title: Title: () Delete () Change () Addition CORSON, JOHN Name: Name: P.O. BOX 710 (N/A) Address: Address: PLYMOUTH MTG., PA 19462 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition PRIMACK, AURIN Name: Name: 2430 EDWARD ROAD Address: Address: City-St-Zip: City-St-Zip: PALM BEACH GARDENS, PA 33410

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: BETHANN RINKUS VP 04/27/2009