
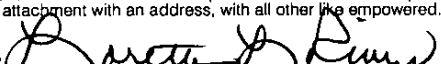


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90102 004 \*\*\*150.00

<b>DOCUMENT # F96000003700</b>			
1. Entity Name <b>ACE*COMM CORPORATION</b>			
Principal Place of Business <b>704 QUINCE ORCHARD RD SUITE 100 GAITHERSBURG, MD 20878 US</b>		Mailing Address <b>704 QUINCE ORCHARD RD SUITE 100 GAITHERSBURG, MD 20878 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDC JIMENEZ, GEORGE T 704 QUINCE ORCHARD RD. GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of the Board + Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jimenez, George T.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DELMAR, STEVEN 704 QUINCE ORCHARD RD GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, President + Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Greenwell, James W. 704 Quince Orchard Rd Gaithersburg, MD 20878</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERS, LORETTA L 704 QUINCE ORCHARD RD GAITHERSBURG, MD 20878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Casner, Paul 704 Quince Orchard Rd Gaithersburg, MD 20878</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETZEL, GILBERT A 435 DEVON PARK DR., SUITE 801 WAYNE, PA 19087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Wetzel, Gilbert A. 704 Quince Orchard Rd Gaithersburg, MD 20878</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Stover, Matthew J. 704 Quince Orchard Rd Gaithersburg, MD 20878</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Picasso, Gino 704 Quince Orchard Rd Gaithersburg, MD 20878</b>
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 all other I am empowered.			
SIGNATURE:  <b>Loretta L. Rivers</b>		Date	4/18/08 301721-3000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

40076047



04182008 Chg-P CR2E034 (12/06)

4. FEI Number **52-1283030** Applied For  Not Applicable

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