## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09451

FILED Apr 13, 2009 Secretary of State

Entity Nar	ne: COMCAS	Γ OF MARIANNA, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	N F KENNEDY PHIA, PA 1910						
Current Mailing Address:			New Mailing Address:				
	N F KENNEDY PHIA, PA 1910						
FEI Number:	13-3327411	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324						
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both	,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Age	ent		Date	•	
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BURKE, STEPHI 1701 JOHN F KE PHILADELPHIA,	ENNEDY BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V () BACKSTROM, C 1701 JOHN F KE PHILADELPHIA,	ENNEDY BLVD	Title: Name: Address: City-St-Zip:	1701 JOHN	(X) Change ( ) Addition INK, KRISTINE A F KENNEDY BLVD HIA, PA 191032838		
Title: Name: Address: City-St-Zip:	VD () BLOCK, ARTHUI 1701 JOHN F KE PHILADELPHIA,	ENNEDY BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	T ()	Delete	Title:	Т	(X) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KRISTINE A DANKENBRINK SRVP 04/13/2009

MIKALAUSKAS, KENNETH

1701 JOHN F KENNEDY BLVD

PHILADELPHIA, PA 191032838

Name:

Address:

City-St-Zip:

DORDELMAN, WILLIAM È

1701 JOHN F KENNEDY BLVD

PHILADELPHIA, PA 191032838