

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11593

FILED
Jan 27, 2009
Secretary of State

Entity Name: SUMMIT FINANCIAL RESOURCES, INC.

Current Principal Place of Business:

4 CAMPUS DR
PARSIPPANY, NJ 07054 US

New Principal Place of Business:

Current Mailing Address:

4 CAMPUS DRIVE
PARSIPPANY, NJ 07054 US

New Mailing Address:

4 CAMPUS DR
PARSIPPANY, NJ 07054 US

FEI Number: 22-2388369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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: T () Delete
Name: STUBBS, FREDERICK R.,
Address: 4 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: C/D () Delete
Name: WEINMAN, STEVEN,
Address: 4 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: D () Delete
Name: SALVO, SAL R.,
Address: 4 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ

Title: D () Delete
Name: PAPPADOPOULOUS, JOHN, M.
Address: 4 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ

Title: D () Delete
Name: SPADA, JOSEPH W
Address: 4 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ

Title: PD () Delete
Name: MCNEER, REMBERT D,
Address: 4 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

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: REMBERT MCNEER

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date