2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023088

City-St-Zip:

Entity Name: ALLIED / BROADWAY PROPERTIES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
630 WEST		EAL ESTATE ADVISO WN PIKE, SUITE 300 PA 19462			
Current Mailing Address:			New Mailing Address:		
630 WES1		EAL ESTATE ADVISO WN PIKE, SUITE 300 PA 19462			
FEI Number	: 23-2848296	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 01 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	URDANG, E. S 630 GERMANT) Delete COTT TOWN PIKE, SUITE 321 EETING, PA 19462	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLUM, DAVID 630 WEST GE) Delete J. RMANTOWN PIKE, SUITE 300 EETING, PA 19462	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FERST, RICHA 630 WEST GE) Delete NRD J RMANTOWN PIKE, SUITE 300 EETING, PA 19462	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SANFILIPPO,) Delete /INCENT RMANTOWN PIKE, SUITE 300	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: RICHARD FERST **PRES** 04/28/2009

PLYMOUTH MEETING, PA 19462