2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28660

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WAYNE, PA 19087 US

NIEMEYER, SUZANNE

WAYNE, PA 19087 US

690 LEE ROAD, SUITE 310

() Delete

FILED Apr 24, 2008 Secretary of State

Entity Nam	ie: COMME	ERCEQUEST, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
690 LEE RO SUITE 310 WAYNE, PA		US					
Current Mailing Address:				New Mailing Address:			
	NET CAPIT. DAD, SUITE A 19087						
FEI Number:	FEI Number: 59-3057365 FEI Number Applied For () FEI N			mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 S PIN PLANTATIO	DRATION SY E ISLAND R DN, FL 3332 named entity	ROAD 24 US	ne purpose d	of changing it	s registered	d office or registered agent, o	r both.
in the State		•		0 0	J	3 3 ,	,
SIGNATUR		- oi- Oi	A t			Data	
		onic Signature of Registered	Agent			Date	
Election Cam	ıpaıgn Fınancı	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FORSTER, M	AD, SUITE 310		Title: Name: Address: City-St-Zip:	ROONEY, PI	AD, SUITE 310	
Title: Name: Address: City-St-Zip:	BRAGAN, ER	AD, SUITE 310		Title: Name: Address: City-St-Zip:	MENICHELL	AD, SUITE 310	
Title: Name: Address:	ROONEY, PH	()Delete HLIP A AD, SUITE 310		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:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHILIP A. ROONEY PD 04/24/2008

() Change () Addition