


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000001658**

1. Entity Name  
**PFG DISTRIBUTION COMPANY**



Principal Place of Business  
**610 W. GERMANTOWN PIKE, SUITE 460  
 PLYMOUTH MEETING, PA 19462**

Mailing Address  
**610 W. GERMANTOWN PIKE, SUITE 460  
 PLYMOUTH MEETING, PA 19462**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-2795977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

100000389049  
 01/20/06-80027-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OBERLIES, SUSAN M 610 W. GERMANTOWN P, STE 460 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT KEIM, KENT C 610 W. GERMANTOWN PK, STE 460 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HILLMAN, JOHN K 610 W. GERMANTOWN PK, STE 460 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FISCHER, JOHN T 610 W. GERMANTOWN PK, STE 460 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLKINGHORN, PHILLIP K ONE AMERICAN ROW HARTFORD, CT 06102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 like empowered.

SIGNATURE: Susan Oberlies SUSAN M OBERLIES PRES/DIR/SEC 1/4/06 484-530-488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #