

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2010
Secretary of State

Entity Name: PHOENIX EQUITY PLANNING CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-2795977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 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: PSD
Name: OBERLIES, SUSAN M
Address: 610 W. GERMANTOWN P, STE 460
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: VPCT
Name: KEIM, KENT C
Address: 610 W. GERMANTOWN PK, STE 460
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: DVPS
Name: HILLMAN, JOHN K
Address: 610 W. GERMANTOWN PK, STE 460
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: EVP
Name: FISCHER, JOHN T
Address: 610 W. GERMANTOWN PK, STE 460
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: D
Name: POLKINGHORN, PHILLIP K
Address: ONE AMERICAN ROW
City-St-Zip: HARTFORD, CT 06102

I hereby 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 all other like empowered.

SIGNATURE: SUSAN M. OBERLIES

PSD

01/05/2010

Electronic Signature of Signing Officer or Director

_____ Date