

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005105

FILED
Feb 15, 2011
Secretary of State

Entity Name: TD WEALTH MANAGEMENT SERVICES INC.

Current Principal Place of Business:

ONE COMMERCE SQUARE
2005 MARKET STREET, SUITE 200
PHILADELPHIA, PA 19103

New Principal Place of Business:

Current Mailing Address:

75 JOHN ROBERTS ROAD
LEGAL DEPARTMENT
SOUTH PORTLAND, ME 04106

New Mailing Address:

LEGAL DEPARTMENT
P.O. BOX 9540
PORTLAND, ME 04112

FEI Number: 23-2177819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

OFFICERS AND DIRECTORS:

Title: PD
Name: KLUG, ALYSON
Address: 1701 ROUTE 70 EAST
City-St-Zip: CHERRY HILL, NJ 08034

Title: DT
Name: MASTERSON, PAUL D
Address: 1701 ROUTE 70 EAST
City-St-Zip: CHERRY HILL, NJ 08034

Title: D
Name: FICO, JOSEPH
Address: 200 STATE STREET
City-St-Zip: BOSTON, MA 02109

Title: D
Name: HENDERSON, JEFF
Address: 1701 ROUTE 70 EAST
City-St-Zip: CHERRY HILL, NJ 08034

Title: D
Name: BOONE, DAVID
Address: 1701 ROUTE 70 E.
City-St-Zip: CHERRY HILL, NJ 08034

Title: D
Name: POOLE, SUZANNE
Address: 61 MAIN ST.
City-St-Zip: ANDOVER, MA 01810

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: LYDIA B. MCILWAIN

AS

02/15/2011

Electronic Signature of Signing Officer or Director

Date