

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002939

FILED
Mar 18, 2009
Secretary of State

Entity Name: FIRST SEALORD SURETY, INC.

Current Principal Place of Business:

789 E. LANCASTER AVE
200
VILLANOVA, PA 19085

New Principal Place of Business:

Current Mailing Address:

789 E. LANCASTER AVE, PO BOX 900
200
VILLANOVA, PA 19085

New Mailing Address:

FEI Number: 23-2671078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PDC () Delete
Name: BRIER, KENNETH L
Address: 789 E. LANCASTER AVE, PO BOX 900
City-St-Zip: VILLANOVA, PA 19085

Title: S () Delete
Name: BRAGG, GARY L ESQ
Address: 531 PLYMOUTH RD., #500
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: T () Delete
Name: COOPERMAN, JOEL D
Address: 789 E. LANCASTER AVE, PO BOX 900
City-St-Zip: VILLANOVA, PA 19085

Title: VPD () Delete
Name: DRAUSCHAK, TED
Address: 789 E. LANCASTER AVE, PO BOX 900
City-St-Zip: VILLANOVA, PA 19085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT GHEGAN

CFO

03/18/2009

Electronic Signature of Signing Officer or Director

Date