

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004267

**Entity Name:** LOCKWOOD ADVISORS, INC.

**Current Principal Place of Business:**

760 MOORE ROAD  
KING OF PRUSSIA, PA 19406-1212

**Current Mailing Address:**

760 MOORE ROAD  
KING OF PRUSSIA, PA 19406-1212 US

**FEI Number:** 23-2842975

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BRETT, JOHN J.  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title            SECRETARY  
Name            BICKET, PATRICIA A.  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title            TREASURER  
Name            HEWITT, FRANK  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title            DIRECTOR  
Name            HOPKINS, DAVID R.  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title            DIRECTOR  
Name            BUCKNOR, FOLASADE OLUWAS  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title            DIRECTOR  
Name            CHICCINO, REBECCA  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title            ASSISTANT TREASURER - TAX  
Name            ORLOSKI, CLAUDINE  
Address        760 MOORE ROAD  
City-State-Zip: KING OF PRUSSIA PA 19406-1212

*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:** CLAUDINE ORLOSKI

**ASSISTANT TREASURER - 03/30/2016  
TAX**

Electronic Signature of Signing Officer/Director Detail

Date