

2013 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 DOLLY, LISA A.
Address 760 MOORE ROAD
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title VP, TREASURER
Name CUTCLIFF, CHAD
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 ASSISTANT TREASURER
Name HUBER, JOANNE S.
Address 760 MOORE ROAD
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title VP
Name KRAUS, BRIAN
Address 760 MOORE ROAD
City-State-Zip: KING OF PRUSSIA PA 19406-1212

Title DIRECTOR
Name SHOLES, THOMAS P.
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: JOANNE S. HUBER

ASSISTANT TREASURER 04/13/2013

Electronic Signature of Signing Officer/Director Detail

Date