

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