	2013	FOREIGN	PROFIT	CORPOR/	ATION A	NNUAL	REPORT
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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

Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: No

FILED

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

Officer/Director Detail :

	Title	PRESIDENT, DIRECTOR	Title	VP, TREASURER		
	Name	DOLLY, LISA A.	Name	CUTCLIFF, CHAD		
	Address	760 MOORE ROAD	Address	760 MOORE ROAD		
	City-State-Zip:	KING OF PRUSSIA PA 19406-1212	City-State-Zip:	KING OF PRUSSIA PA 19406-1212		
	Title	SECRETARY	Title	ASSISTANT TREASURER		
	Name	BICKET, PATRICIA A.	Name	HUBER, JOANNE S.		
	Address	760 MOORE ROAD	Address	760 MOORE ROAD		
	City-State-Zip:	KING OF PRUSSIA PA 19406-1212	City-State-Zip:	KING OF PRUSSIA PA 19406-1212		
	Title	VP	Title	DIRECTOR		
	Name	KRAUS, BRIAN	Name	SHOLES, THOMAS P.		
	Address	760 MOORE ROAD	Address	760 MOORE ROAD		
	City-State-Zip:	KING OF PRUSSIA PA 19406-1212	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