

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004267

Entity Name: LOCKWOOD ADVISORS, INC.**Current Principal Place of Business:**1800 AMERICAN BLVD
SUITE 300 POD D
PENNINGTON, NJ 08534**Current Mailing Address:**ONE PERSHING PLAZA
JERSEY CITY, NJ 07399 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 ASST. SECRETARY
Name HELSCHER, ALICE
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

Title TREASURER
Name HLUSHAK, MICHAEL
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

Title DIRECTOR
Name SCHWARTZ, JOAN
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

Title PRESIDENT, DIRECTOR
Name HEMPEL,, JOEL
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

Title DIRECTOR
Name SHOLES, THOMAS P.
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

Title DIRECTOR
Name CROWLEY, JAMES
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

Title ASST. SECRETARY
Name RICE, CRISTINA M.
Address 1800 AMERICAN BLVD
SUITE 300 POD D
City-State-Zip: PENNINGTON NJ 08534

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: RICE , CRISTINA M**ASSISTANT SECRETARY** 03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date