


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90518 038 \*\*\*150.00

**DOCUMENT # 838200**

1. Entity Name  
**FINANCIAL DATA PLANNING CORP.**



Principal Place of Business  
**2140 SO. DIXIE HWY.  
MIAMI FL 33133**

Mailing Address  
**2140 SO. DIXIE HWY.  
MIAMI FL 33133**

JUL112003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2000 S. DIXIE HWY  
Suite, Apt. #, etc.  
200  
MIAMI, FL**

3. Mailing Address  
**2000 S. DIXIE HWY  
Suite, Apt. #, etc.  
200  
MIAMI, FL**

4. FEI Number **59-1284646** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROBINSON, DAVID E</b> <b>11 SALT CREEK LANE</b> <b>HINSDALE IL 60521</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GROSS, LAWRENCE A</b> <b>1285 DRUMMERS LN</b> <b>PHILADELPHIA PA 19087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RUANE, MICHAEL J</b> <b>1285 DRUMMERS LN</b> <b>PHILADELPHIA PA 19087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>BERAM, ALFRED J</b> <b>2140 S. DIXIE HWY</b> <b>MIAMI FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>MURO, KATHLEEN</b> <b>2140 S. DIXIE HWY</b> <b>MIAMI FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C/CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/AVAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/AVAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000 S. DIXIE HWY, SUITE 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000 S. DIXIE HWY SUITE 200</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SVP</b> <b>SILVERMAN, MARK S.</b> <b>2000 S. DIXIE HWY, SUITE 200</b> <b>MIAMI, FL 33133</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *[Signature]* **1/23/03** **305-858-6200**  
Date Daytime Phone #

CR2E034 (10/02)

90011463

#  
*Attachment*

2003 UBR  
DOCUMENT # 838200  
FINANCIAL DATA PLANNING CORP.  
59-1284646

11. ADDITIONS TO OFFICERS AND DIRECTORS

TITLE SVP  
NAME FLEISCHMAN, RICHARD  
STREET ADDRESS 313 SPEEN ST., SUITE 200  
CITY-ST-ZIP NATICK, MA 01760

TITLE V  
NAME MATTHEWS, RICHARD  
STREET ADDRESS 950 NORTHGATE DR., SUITE 107  
CITY-ST-ZIP SAN RAFAEL, CA 94903

TITLE S  
NAME BRUSH, LESLIE  
STREET ADDRESS 1285 DRUMMERS LANE  
CITY-ST-ZIP WAYNE, PA 19087

TITLE AVAS  
NAME ARMSTRONG, SARA  
STREET ADDRESS 1285 DRUMMERS LANE  
CITY-ST-ZIP WAYNE, PA 19087

TITLE AVAS  
NAME BRONSTEIN, ANDREW P.  
STREET ADDRESS 1285 DRUMMERS LANE  
CITY-ST-ZIP WAYNE, PA 19087