

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **858111** (8)

1. Corporation Name
BOENNING & SCATTERGOOD, INC.



Principal Place of Business FOUR FALLS CORPORATE CENTER SUITE 212 WEST CONSHOHOCKEN PA 19428-9966 US	Mailing Address FOUR FALLS CORPORATE CENTER SUITE 212 WEST CONSHOHOCKEN PA 19428 US
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3. Date Incorporated or Qualified 10/13/1983	3a. Date of Last Report 06/17/1996
4. FEI Number 23-1720062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	V S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCATTERGOOD, HAROLD F JR	1.2 NAME	THOMAS J CHANCLER
STREET ADDRESS	200 FOUR FALLS CORP CENTER	1.3 STREET ADDRESS	200 FOUR FALLS CORP. CENTER
CITY-ST-ZIP	WEST CONSHOHOCKEN PA	1.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLS, RICHARD J	2.2 NAME	EDNA M. CERN
STREET ADDRESS	200 FOUR FALLS CORP CENTER	2.3 STREET ADDRESS	200 FOUR FALLS CORP. CENTER
CITY-ST-ZIP	WEST CONSHOHOCKEN PA	2.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYER, DANIEL B III	3.2 NAME	I WISTAR MORRIS
STREET ADDRESS	601 HIGH STREET	3.3 STREET ADDRESS	200 FOUR FALLS CORP CENTER
CITY-ST-ZIP	POTTSTOWN PA	3.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIESELER, HERBERT W	4.2 NAME	DAVID T. DEWITT
STREET ADDRESS	601 HIGH STREET	4.3 STREET ADDRESS	200 FOUR FALLS CORP CENTER
CITY-ST-ZIP	POTTSTOWN PA	4.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BOENNING, HENRY D.	5.2 NAME	
STREET ADDRESS	200 FOUR FALLS CORP. CTR	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	GIESELER, HERBERT W.	6.2 NAME	
STREET ADDRESS	23 N HANOVER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	POTTSTOWN PA	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS J. CHANCLER 1/14/97 6010-832-5203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)