

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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 19428-9966 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 23-1720062	
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 owes or has paid the current year intangible Personal Property Tax due June 30. <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 Country	28 Zip Country
24	29

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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	SCATTERGOOD, HAROLD F JR
STREET ADDRESS	200 FOUR FALLS CORP CENTER
CITY-ST-ZIP	WEST CONSHOHOCKEN PA
TITLE	PD <input type="checkbox"/> DELETE
NAME	WALLS, RICHARD J
STREET ADDRESS	200 FOUR FALLS CORP CENTER
CITY-ST-ZIP	WEST CONSHOHOCKEN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	BOYER, DANIEL B III
STREET ADDRESS	601 HIGH STREET
CITY-ST-ZIP	POTTSTOWN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	GIESELER, HERBERT W
STREET ADDRESS	601 HIGH STREET
CITY-ST-ZIP	POTTSTOWN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	BOENNING, HENRY D.
STREET ADDRESS	200 FOUR FALLS CORP. CTR
CITY-ST-ZIP	W. CONSHOHOCKEN PA
TITLE	VS <input type="checkbox"/> DELETE
NAME	CHANCLER, THOMAS J
STREET ADDRESS	200 FOUR FALLS CORP CENTER
CITY-ST-ZIP	W CONSHOHOCKEN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDNA M. CERN
1.3 STREET ADDRESS	200 FOUR FALLS CORP CENTER
1.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	I WISTAR MORRIS
2.3 STREET ADDRESS	200 FOUR FALLS CORP CENTER
2.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID T. DEWITT
3.3 STREET ADDRESS	200 FOUR FALLS CORP. CENTER
3.4 CITY-ST-ZIP	W. CONSHOHOCKEN, PA 19428
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 1/14/98 610-832-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)