

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90057 026 ***150.00

DOCUMENT # 858111

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1983

4. FEI Number

23-1720062

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21. 4 TOWER BRIDGE

Suite, Apt. #, etc.

22. 200 BARR HARBOR DR

City & State

23. W. CONSHOHOCKEN, PA

Zip

Country

24. 19428

25. U.S.

2a. Mailing Address

26. 4 TOWER BRIDGE

Suite, Apt. #, etc.

27. 200 BARR HARBOR DR

City & State

28. W. CONSHOHOCKEN PA

Zip

Country

29. 19428

30. U.S.

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.1508, 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

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 ☐ DELETE

NAME SCATTERGOOD, HAROLD F JR
STREET ADDRESS 200 FOUR FALLS CORP CENTER
CITY-ST-ZIP WEST CONSHOHOCKEN PA

TITLE PD ☒ DELETE

NAME WALLS, RICHARD J
STREET ADDRESS 200 FOUR FALLS CORP CENTER
CITY-ST-ZIP WEST CONSHOHOCKEN PA

TITLE D ☐ DELETE

NAME BOYER, DANIEL B III
STREET ADDRESS 601 HIGH STREET
CITY-ST-ZIP POTTSTOWN PA

TITLE D ☒ DELETE

NAME GIESELER, HERBERT W
STREET ADDRESS 601 HIGH STREET
CITY-ST-ZIP POTTSTOWN PA

TITLE D ☐ DELETE

NAME BOENNING, HENRY D.
STREET ADDRESS 200 FOUR FALLS CORP. CTR
CITY-ST-ZIP W. CONSHOHOCKEN PA

TITLE VS ☐ 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 T D ☐ Change ☒ Addition

1.2 NAME EDNA M. CERN

1.3 STREET ADDRESS 4 TOWER BRIDGE 200 BARR HARBOR PA

1.4 CITY-ST-ZIP W. CONSHOHOCKEN, PA 19428 ☐ Change ☒ Addition

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME I. WISTAR MORRIS

2.3 STREET ADDRESS 4-TOWER-BRIDGE-200-BARR-HARBOR-DR

2.4 CITY-ST-ZIP W. CONSHOHOCKEN, PA 19428 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 610-832-5203
Date Daytime Phone #

CR2E034 (11/98)