

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858111

1. Entity Name

BOENNING & SCATTERGOOD, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90026 008 \*\*\*150.00

Principal Place of Business

Mailing Address

4 TOWER BRIDGE  
200 BARR HARBOR DR  
WEST CONSHOHOCKEN PA 19428-9966  
US

4 TOWER BRIDGE  
200 BARR HARBOR DR  
WEST CONSHOHOCKEN PA 19428-2977  
US

A0023343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1720062

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD ☐ Delete  
NAME CERN, EDNA M  
STREET ADDRESS 4 TOWERS BRIDGE 200 BARR HARBOR DR  
CITY-ST-ZIP WEST CONSHOHOCKEN PA 19428

TITLE D ☐ Delete  
NAME WISTPA, MORRIS I  
STREET ADDRESS 4 TOWER BRIDGE 200 BARR HARBOR DR  
CITY-ST-ZIP WEST CONSHOHOCKEN PA 19428

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

TITLE C ☐ Change ☒ Addition  
NAME HAROLD F. SCATTERGOOD JR  
STREET ADDRESS 4 TOWER BRIDGE  
CITY-ST-ZIP W. CONSHOHOCKEN, PA 19428

TITLE D ☐ Change ☒ Addition  
NAME JAMES T. MC LAUGHLIN  
STREET ADDRESS 4 TOWER BRIDGE  
CITY-ST-ZIP W. CONSHOHOCKEN, PA 19428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4 TOWER BRIDGE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4 TOWER BRIDGE  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/00 610-832-5203

CR2E034 (9/99)