

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 858111**

1. Entity Name  
**BOENNING & SCATTERGOOD, INC.**



Principal Place of Business  
**4 TOWER BRIDGE  
200 BARR HARBOR DR  
WEST CONSHOHOCKEN, PA 19428-9966 US**

Mailing Address  
**4 TOWER BRIDGE  
200 BARR HARBOR DR  
WEST CONSHOHOCKEN, PA 19428-9966 US**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**23-1720062**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CERN, EDNA M<br>4 TOWERS BRIDGE 200 BARR HARBOR DR<br>WEST CONSHOHOCKEN, PA 19428    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WISTAR I, MORRIS<br>4 TOWER BRIDGE 200 BARR HARBOR DR<br>WEST CONSHOHOCKEN, PA 19428 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOYER, DANIEL B III<br>601 HIGH STREET<br>POTTSTOWN, PA                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>SCATTERGOOD, HAROLD P<br>4 TOWER BRIDGE<br>CONSHOHOCKEN, PA 19428                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOENNING, HENRY D.<br>4 TOWER BRIDGE<br>W. CONSHOHOCKEN, PA                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>CHANCLER, THOMAS J.<br>4 TOWER BRIDGE<br>W CONSHOHOCKEN, PA                         |

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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 empowered.

**SIGNATURE:**

*Thomas J Chancler* **THOMAS J CHANCLER** 610-832-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5203