2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# 858111

Entity Name: BOENNING & SCATTERGOOD, INC.

Current Principal Place of Business:

4 TOWER BRIDGE
200 BARR HARBOR DR
WEST CONSHOHOCKEN, PA 194289966 US

New Principal Place of Business:

Current Mailing Address:

4 TOWER BRIDGE
200 BARR HARBOR DR
WEST CONSHOHOCKEN, PA 194289966 US

New Mailing Address:

FEI Number: 23-1720062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: THOMAS J CHANCLER
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: CERN, EDNA M
Address: 4 TOWERS BRIDGE 200 BARR HARBOR DR
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: D ( ) Delete
Name: WISTAR I, MORRIS
Address: 4 TOWER BRIDGE 200 BARR HARBOR DR
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: D ( ) Delete
Name: BOYER, DANIEL B III
Address: 601 HIGH STREET
City-St-Zip: POTTSTOWN, PA

Title: C ( ) Delete
Name: SCATTERGOOD, HAROLD P
Address: 4 TOWER BRIDGE
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D ( ) Delete
Name: MCLAUGHLIN, JAMES T
Address: 4 TOWER BRIDGE
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VS ( ) Delete
Name: CHANCLER, THOMAS J
Address: 4 TOWER BRIDGE
City-St-Zip: W CONSHOHOCKEN, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J CHANCLER VP 10/05/2007
Electronic Signature of Signing Officer or Director Date