## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 858111** 

Entity Name: BOENNING & SCATTERGOOD, INC.

FILED Apr 29, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	HARBOR DR	, PA 194289966 US		
Current Mailing Address:			New Mailir	ng Address:
4 TOWER BRIDGE 200 BARR HARBOR DR WEST CONSHOHOCKEN, PA 194289966 US				
FEI Number:	23-1720062	FEI Number Applied For ( ) FEI Num	mber Not Appli	icable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:				
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US				
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:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	CERN, EDNA M 4 TOWERS BRID	elete GE 200 BARR HARBOR DR IOCKEN, PA 19428	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition WEIGAND, DALE 4 TOWERS BRIDGE 200 BARR HARBOR DR WEST CONSHOHOCKEN, PA 19428
Title: Name: Address: City-St-Zip:	WISTAR I, MORR 4 TOWER BRIDG	elete IS E 200 BARR HARBOR DR IOCKEN, PA 19428	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () D BOYER, DANIEL 601 HIGH STREE POTTSTOWN, PA	Т	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BOYER, DANIEL B III 601 HIGH STREET POTTSTOWN, PA 19464
Title: Name: Address: City-St-Zip:	C () E SCATTERGOOD, 4 TOWER BRIDG CONSHOHOCKEI	Ε	Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition SCATTERGOOD, HAROLD P 4 TOWER BRIDGE WEST CONSHOHOCKEN, PA 19428
Title: Name: Address: City-St-Zip:	D () D MCLAUGHLIN, JA 4 TOWER BRIDG CONSHOHOCKEI	Ε	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MCLAUGHLIN, JAMES T 4 TOWER BRIDGE WEST CONSHOHOCKEN, PA 19428
Title: Name: Address:	VS () C CHANCLER, THO 4 TOWER BRIDG		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: THOMAS J CHANCLER VS 04/29/2008

City-St-Zip: W CONSHOHOCKEN, PA