

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858111

FILED
Jan 04, 2011
Secretary of State

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/T
Name: WEIGAND, DALE
Address: 4 TOWERS BRIDGE 200 BARR HARBOR DR
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: D
Name: BURDULIS, CRAIG
Address: 4 TOWER BRIDGE
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: D
Name: GALANTINO, MICHAEL
Address: 4 TOWER BRIDGE
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: C
Name: SCATTERGOOD, HAROLD F
Address: 4 TOWER BRIDGE
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: D
Name: WILHELM, KATHY
Address: 4 TOWER BRIDGE
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: VS
Name: CHANCLER, THOMAS J
Address: 4 TOWER BRIDGE
City-St-Zip: W CONSHOHOCKEN, PA 19428

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J CHANCLER

VP/S

01/04/2011

Electronic Signature of Signing Officer or Director

Date