

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90082 041 \*\*\*150.00

05/08/02  
 17

**DOCUMENT # F01000002546**

1. Entity Name

**FINANCIAL SALES FORCE MANAGEMENT CO.**

Principal Place of Business

**TWO VALLEY SQUARE  
 512 TOWNSHIP LINE ROAD, SUITE 100  
 BLUE BELL PA 19422**

Mailing Address

**TWO VALLEY SQUARE  
 512 TOWNSHIP LINE ROAD, SUITE 100  
 BLUE BELL PA 19422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-3066623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATKINS, KIRK E	
STREET ADDRESS	512 TOWNSHIP LINE ROAD, SUITE 100	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLBROOK, JERRY	
STREET ADDRESS	512 TOWNSHIP LINE ROAD, SUITE 100	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, THOMAS P	
STREET ADDRESS	512 TOWNSHIP LINE ROAD, SUITE 100	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, DANIEL	
STREET ADDRESS	512 TOWNSHIP LINE ROAD, SUITE 100	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas C. McCormick	
STREET ADDRESS	512 Township Line Road, Suite 100	
CITY-ST-ZIP	Blue Bell PA 19422	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Signed by Jerry D. Holbrook*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/02**  
 Date

**215-371-5111**  
 Daytime Phone #

CR2E034 (9/01)