


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002546 1. Entity Name FINANCIAL SALES FORCE MANAGEMENT CO.	
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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
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05202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3066623	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORMICK, THOMAS C 512 TOWNSHIP LINE ROAD, SUITE 100 BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, THOMAS J 512 TOWNSHIP LINE ROAD, SUITE 100 BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WATKINS, KIRK E 512 TOWNSHIP LINE ROAD, SUITE 100 BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000363802
06/01/05-80001-004 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **S-20-05 215-371-5105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #