


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000002388**  
1. Entity Name  
**THE PENSION COMPANY**



Principal Place of Business      Mailing Address  
101 W. ELM STREET, STE. 230      PO BOX 160  
CONSHOHOCKEN, PA 19428      BRYN MAWR, PA 19010



01062005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-2146574**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
  
WIGGINS, WILLIAM C  
ONE PURLIEU PLACE, STE. 285  
WINTER PARK, FL 32792

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	CPT PENSION, FRANK A 511 FISHERS ROAD BRYN MAWR, PA 19010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP PENSION, KEITH M 511 FISHERS ROAD BRYN MAWR, PA 19010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000212617  
02/03/05-80037-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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:**  **FRANK A. PENSION**      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR