

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002388

Entity Name: THE PENSION COMPANY

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

101 W. ELM STREET, STE. 230
CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

PO BOX 160
BRYN MAWR, PA 19010

New Mailing Address:

FEI Number: 23-2146574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, WILLIAM C
ONE PURLIEU PLACE, STE. 260
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: PENSION, FRANK A
Address: 6031 GOSHON RD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VCVP () Delete
Name: PENSION, KEITH M
Address: 6031 GOSHON RD
City-St-Zip: NEWTOWN SQUARE, PA 19073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: PENSION, FRANK A
Address: 6031 GOSHON RD
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: VCVP (X) Change () Addition
Name: PENSION, KEITH M
Address: 6031 GOSHON RD
City-St-Zip: NEWTOWN SQUARE, PA 19073

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.

SIGNATURE: FRANK A. PENSION

CPT

03/03/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date