

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005441

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: GELT FINANCIAL CORPORATION

## Current Principal Place of Business:

2755 PHILMONT AVENUE  
HUNTINGDON VALLEY, PA 19006

## New Principal Place of Business:

2755 PHILMONT AVENUE  
SUITE 130  
HUNTINGDON VALLEY, PA 19006

## Current Mailing Address:

2755 PHILMONT AVENUE  
HUNTINGDON VALLEY, PA 19006

## New Mailing Address:

2755 PHILMONT AVENUE  
SUITE 130  
HUNTINGDON VALLEY, PA 19006

FEI Number: 23-2589645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 PARK AVENUE  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MILLER, H. JACK  
Address: 2755 PHILMONT AVENUE  
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: VP ( ) Delete  
Name: MILLER, M. ARI  
Address: 2755 PHILMONT AVENUE  
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: T ( ) Delete  
Name: SHOHAM, URI  
Address: 2755 PHILMONT AVENUE  
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: VP ( ) Delete  
Name: WAKSMAN, JASON M  
Address: 2755 PHILMONT AVENUE  
City-St-Zip: HUNTINGDON VALLEY, PA 19006

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JASON M. WAKSMAN

MR.

04/16/2009

Electronic Signature of Signing Officer or Director

Date