

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000006053

1. Entity Name
PHOENIX LIFE SOLUTIONS, INC.



Principal Place of Business
610 W. GERMANTOWN PIKE, SUITE 150
PLYMOUTH MEETING, PA 19462

Mailing Address
610 W. GERMANTOWN PIKE, SUITE 150
PLYMOUTH MEETING, PA 19462



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0681197
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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000829282
02/26/08-80034-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILLMAN, JOHN K
STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 150
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE D
NAME POLKINGHORN, PHILIP K
STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 150
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE V
NAME GENCARELLI, FRANK T
STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 150
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE S
NAME FILLIP, JOSEPH A JR.
STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 150
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE T
NAME KEIM, KENT C
STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 150
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

TITLE V
NAME MACKLEM, CHRISTOPHER A
STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 150
CITY-ST-ZIP PLYMOUTH MEETING, PA 19462

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

James J.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #