

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002851

FILED
Jan 27, 2009
Secretary of State

Entity Name: FIRSTSERVICE FINANCIAL, INC.

Current Principal Place of Business:

901 S. TROOPER ROAD
NORRISTOWN, PA 19403

New Principal Place of Business:

Current Mailing Address:

901 S. TROOPER ROAD
NORRISTOWN, PA 19403

New Mailing Address:

FEI Number: 23-2964833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CHRM () Delete
Name: FRIEDRICHSEN, JOHN
Address: 1140 BAY STREET, SUITE 4000
City-St-Zip: TORONTO ON M5S 2B4 CANADA,

Title: VCHR () Delete
Name: EPSTEIN, DAVID
Address: 901 S. TROOPER ROAD
City-St-Zip: NORRISTOWN, PA 19403

Title: P () Delete
Name: GORDON, PETER
Address: 901 S. TROOPER ROAD
City-St-Zip: NORRISTOWN, PA 19403

Title: S () Delete
Name: EPSTEIN, DAVID
Address: 901 S. TROOPER ROAD
City-St-Zip: NORRISTOWN, PA 19403

Title: D () Delete
Name: GOMBERG, GENE
Address: 2950 N 28TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: PEDITTO, FRANK
Address: 901 S. TROOPER ROAD
City-St-Zip: NORRISTOWN, PA 19403

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:

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: PETER GORDON

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date