FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003768 (9)**

1. Corporation Name

PML SECURITIES COMPANY

Principal Place of Business	Mailing Address
220 CONTINENTAL DRIVE SUITE 407 NEWARK DE 19713 US	220 CONTINENTAL DR SUITE 407 NEWARK DE 19713 US

3. Date Incorporated or Qualified: **08/18/1993**	3a. Date of Last Report: **03/08/1995**
4. FEI Number: **23-1705787**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

MCNICHOL, ROBERT E JR.
10002 PRINCESS PALM AVENUE
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME	ROWELL, L.J. JR.		12 NAME	Compliance Officer Thomas J. Ericson
STREET ADDRESS	1600 MARKET STREET		13 STREET ADDRESS	220 Continental Drive, Ste. 407
CITY-ST-ZIP	PHILADELPHIA PA 19103		14 CITY-ST-ZIP	Newark, DE 19713
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	REBER, STANLEY R		22 NAME	
STREET ADDRESS	1600 MARKET STREET		23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103		24 CITY-ST-ZIP	
TITLE	D	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, ROBERT S~~		32 NAME	
STREET ADDRESS	~~1600 MARKET STREET~~		33 STREET ADDRESS	
CITY-ST-ZIP	~~PHILADELPHIA PA 19103~~		34 CITY-ST-ZIP	
TITLE	P	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	REIHL, LANCE A		42 NAME	
STREET ADDRESS	220 CONTINENTAL DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	NEWARK DE 19713		44 CITY-ST-ZIP	
TITLE	S	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SENKER, LINDA E		52 NAME	
STREET ADDRESS	1600 MARKET STREET		53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Reihl — 3-11-96 — 302-453-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number