

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90001 023 ***150.00

DOCUMENT # F94000001219

1. Entity Name
1717 BROKERAGE SERVICES, INC.

Principal Place of Business
**1000 CHESTERBROOK BLVD
 BERWYN PA 19312-2419**

Mailing Address
**P O BOX 1717
 VALLEY FORGE PA 19482
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2412039**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D KLOSS, ROBERT W**
 STREET ADDRESS **1050 WESTLAKES DR.**
 CITY-ST-ZIP **BERWYN PA 19312-2419**

TITLE Change; Addition
 NAME **Kloss, Robert W**
 STREET ADDRESS **1000 Chesterbrook Blvd**
 CITY-ST-ZIP **Berwyn, Pa 19312-1181**

TITLE Delete
 NAME **VP AVIOLA, LOUIS A**
 STREET ADDRESS **220 CONTINENTAL DR**
 CITY-ST-ZIP **NEWARK DE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD COLLINELLI, STEPHEN J**
 STREET ADDRESS **1050 WESTLAKES DR.**
 CITY-ST-ZIP **BERWYN PA 19312-2419**

TITLE Change; Addition
 NAME **Lance R. Reihl**
 STREET ADDRESS **1000 Chesterbrook Blvd**
 CITY-ST-ZIP **Berwyn, Pa 19312-1181**

TITLE Delete
 NAME **T GATTA, ROSANNE**
 STREET ADDRESS **1050 WESTLAKES DR.**
 CITY-ST-ZIP **BERWYN PA 19312-2419**

TITLE Change Addition
 NAME **Gatta Rosanne**
 STREET ADDRESS **1000 Chesterbrook Blvd**
 CITY-ST-ZIP **Berwyn, Pa 19312-1181**

TITLE Delete
 NAME **S POTTER, JAMES G**
 STREET ADDRESS **1050 WESTLAKES DR.**
 CITY-ST-ZIP **BERWYN PA 19312-2419**

TITLE Change; Addition
 NAME **Ast. Secretary Maryann Bodayle**
 STREET ADDRESS **1000 Chesterbrook Blvd**
 CITY-ST-ZIP **Berwyn, Pa 19312-1181**

TITLE Delete
 NAME **D FINELLI, MARY LYNN**
 STREET ADDRESS **1050 WESTLAKES DR.**
 CITY-ST-ZIP **BERWYN PA 19312-2419**

TITLE Change Addition
 NAME **Finelli, Mary Lynn**
 STREET ADDRESS **1000 Chesterbrook Blvd**
 CITY-ST-ZIP **Berwyn, Pa 19312-1181**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosanne Gatta 4/26/01 610-407-1961
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)