


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91521 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F94000001219** *ok*

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

**10090267**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**23-2412039**

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President and COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOSS, ROBERT W		NAME	Gary D. McMahan	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	1000 Chesterbrook Blvd.	
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP	Berwyn, PA 19312-1181	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Senior VP & Asst. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVIOLA, LOUIS A		NAME	James D. Benson	
STREET ADDRESS	220 CONTINENTAL DR		STREET ADDRESS	1000 Chesterbrook Blvd.	
CITY-ST-ZIP	NEWARK, DE		CITY-ST-ZIP	Berwyn, PA 19312-1181	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIHL, LANCE R		NAME	Scott V. Carney	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	1000 Chesterbrook Blvd.	
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP	Berwyn, PA 19312-1181	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATTA, ROSANNE		NAME	Peter D. Cuzzo	
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS	1000 Chesterbrook Blvd.	
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP	Berwyn, PA 19312-1181	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODAYLE, MARYANN		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINELLI, MARY LYNN		NAME		
STREET ADDRESS	1000 CHESTERBROOK BLVD		STREET ADDRESS		
CITY-ST-ZIP	BERWYN, PA 193121181		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  James D. Benson 04/21/2003 610-407-1961

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

CR2E034 (10/02)