

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002939

FILED
Mar 10, 2004
Secretary of State

Entity Name: FIRST SEALORD SURETY, INC.

Current Principal Place of Business:

33 ROCK HILL RD.
BALA CYNWYD, PA 19004

New Principal Place of Business:

Current Mailing Address:

33 ROCK HILL RD.
BALA CYNWYD, PA 19004

New Mailing Address:

FEI Number: 23-2671078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PDC () Delete
Name: BRIER, KENNETH L
Address: 33 ROCK HILL RD.
City-St-Zip: BALA CYNWYD, PA 19004

Title: S () Delete
Name: BRAGG, GARY L ESQ
Address: 531 PLYMOUTH RD., #500
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: T () Delete
Name: COOPERMAN, JOEL D
Address: 33 ROCK HILL RD.
City-St-Zip: BALA CYNWYD, PA 19004

Title: VPD () Delete
Name: DRAUSCHAK, TED
Address: 1205 CHESTERINE PLACE
City-St-Zip: POTTSTOWN, PA 19465

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL D. COOPERMAN

CFO

03/10/2004

Electronic Signature of Signing Officer or Director

_____ Date