

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90017 042 \*\*\*158.75

DOCUMENT # F97000003132

1. Corporation Name

LOCKWOOD FINANCIAL SERVICES, INC.

Principal Place of Business

405 PARK AVE.  
NEW YORK NY 10022

Mailing Address

405 PARK AVE.  
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

23-2824427

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 10 Valley Stream Pkwy  
Suite, Apt. #, etc.

22 210

City & State

23 Malvern, PA

24 19355 25 USA

2a. Mailing Address

26 10 Valley Stream Pkwy  
Suite, Apt. #, etc.

27 210

City & State

28 Malvern, PA

29 19355 30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PB ☐ DELETE  
NAME RHEIN, ALAN A  
STREET ADDRESS 405 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE COO ☐ DELETE  
NAME DUDDIE, ROBERT J  
STREET ADDRESS 405 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE TCFO ☐ DELETE  
NAME SCARPATI, GERARD  
STREET ADDRESS 405 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DC ☐ DELETE  
NAME SCHULMAN, ROBERT I  
STREET ADDRESS 405 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☐ DELETE  
NAME REINHARDT, LEONARD A  
STREET ADDRESS 405 PARK AVE.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Rhein, Alan A.  
1.3 STREET ADDRESS 405 Park Avenue, Ste. 802  
1.4 CITY-ST-ZIP New York, NY 10022

2.1 TITLE COO ☒ Change ☐ Addition  
2.2 NAME Duddie, Robert J  
2.3 STREET ADDRESS 10 Valley Stream Pkwy, Ste. 204  
2.4 CITY-ST-ZIP Malvern, PA 19355

3.1 TITLE TCFO ☒ Change ☐ Addition  
3.2 NAME Scarpati, Gerard  
3.3 STREET ADDRESS 10 Valley Stream Pkwy, Ste. 210  
3.4 CITY-ST-ZIP Malvern, PA 19355

4.1 TITLE DC ☒ Change ☐ Addition  
4.2 NAME Schulman, Robert I  
4.3 STREET ADDRESS 10 Valley Stream Pkwy, Ste. 210  
4.4 CITY-ST-ZIP Malvern, PA 19355

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Reinhardt, Leonard A.  
5.3 STREET ADDRESS 10 Valley Stream Pkwy, Ste. 210  
5.4 CITY-ST-ZIP Malvern, PA 19355

6.1 TITLE P ☐ Change ☒ Addition  
6.2 NAME Lohr, John R.  
6.3 STREET ADDRESS 10 Valley Stream Pkwy, Ste. 210  
6.4 CITY-ST-ZIP Malvern, PA 19355

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)