

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90041 036 \*\*\*150.00

**DOCUMENT # F97000003132**

1. Entity Name

**LOCKWOOD FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**10 VALLEY STREAM PKWY  
 210  
 MALVERA PA 19355**

**10 VALLEY STREAM PKWY  
 210  
 MALVERA PA 19355**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2824427**

Applied For

Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 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

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RHEIN, ALAN A	405 PARK AVE.	NEW YORK NY 10022	<input checked="" type="checkbox"/>
COO	DUDDIE, ROBERT J	10 VALLEY STREAM PKWY STE 204	MALVERA PA 19355	<input type="checkbox"/>
TCFO	SCARPATI, GERARD	10 VALLEY STREAM PKWY STE 204	MALVERA PA 19355	<input type="checkbox"/>
DC	SCHULMAN, ROBERT I	10 VALLEY STREAM PKWY STE 204	MALVERA PA 19355	<input checked="" type="checkbox"/>
D	REINHARDT, LEONARD A	10 VALLEY STREAM PKWY STE 204	MALVERA PA 19355	<input type="checkbox"/>
P	LOHR, JOHN R	10 VALLEY STREAM PKWY STE 204	MALVERA PA 19355	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRES	Jim Burdette	10 Valley Stream Pkwy	Malvern, PA 19355	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	John Swarts	10 Valley Stream Pkwy	Malvern, PA 19355	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Robert Duddie	10 Valley Stream Pkwy	Malvern, PA 19355	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	John Lohr	10 Valley Stream Pkwy	Malvern PA 19355	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Gerard Scarpati	10 Valley Stream Pkwy	Malvern, PA 19355	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Leon Reinhardt	10 Valley Stream Pkwy	Malvern, PA 19355	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 11 or Block 12 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 #

4/30/01

610-695-9150

CR2E034 (10/00)