


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90030 010 ***150.00

DOCUMENT # F97000003132 1. Entity Name LOCKWOOD FINANCIAL SERVICES, INC.					
Principal Place of Business 10 VALLEY STREAM PKWY 210 MALVERA, PA 19355			Mailing Address 100 CHURCH ST, TAX DEPT 9TH FLR NEW YORK, NY 10286		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State City: Malvern		City & State		4. FEI Number 23-2824427	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDETTE, JIM 10 VALLEY STREAM PKWY MALVERN, PA 19355 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	James R. Burdette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DUDDIE, ROBERT J 10 VALLEY STREAM PKWY STE 204 MALVERA, PA 19355 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition City: Malvern	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO SCARPATI, GERARD 10 VALLEY STREAM PKWY STE 204 MALVERA, PA 19355 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leonard A. Reinhart 10 Valley Stream Parkway Malvern, PA 19355	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTIZ, EDGAR 100 CHURCH ST 9TH FLR NEW YORK, NY 10286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZANGRE, ANTHONY 100 CHURCH ST 9TH FLR NEW YORK, NY 10286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SISLER, HEATHER 100 CHURCH ST 9TH FLR NEW YORK, NY 10286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heather A. Sisler 1 Wall Street New York, N.Y. 10286	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/29/04 Daytime Phone # (212) 437-5558		

Attachment

THE BANK OF NEW YORK

NEW YORK'S FIRST BANK - FOUNDED 1784 BY ALEXANDER HAMILTON

#F97000003132

100 CHURCH STREET, NEW YORK, N. Y. 10286

January 27, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

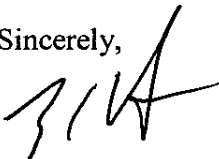
Re: Lockwood Financial Services, Inc.
FEIN: 23-2824427

Dear Sir or Madam:

Enclosed please find the 2004 For Profit Corporation Annual Report for Lockwood Financial Services, Inc. The report indicates a filing fee due of \$150. A check for this amount is also enclosed.

Please acknowledge receipt of the above by stamping the enclosed copy of this letter and returning it in the envelope provided for your mailing convenience. Should you have any questions, or require additional information, I can be reached at (212) 437-5558.

Sincerely,



Edgar Ortiz
Vice President
Corporate Tax Department

Enclosures

Certified Mail - 7002 2410 0005 6611 2296

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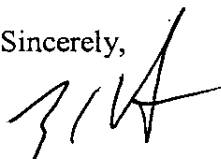
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