

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90082 044 ***150.00

DOCUMENT # F97000003132 1. Entity Name LOCKWOOD FINANCIAL SERVICES, INC.					
Principal Place of Business 10 VALLEY STREAM PKWY 210 MALVERN, PA 19355			Mailing Address 100 CHURCH ST, TAX DEPT 9TH FLR NEW YORK, NY 10286		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1 Wall Street - 32nd Floor Suite, Apt. #, etc.			
City & State Zip Country		City & State New York NY. Zip Country 10286 U.S.A.		4. FEI Number 23-2824427	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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, JAMES R 10 VALLEY STREAM PKWY MALVERN, PA 19355	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michelle Logue 10 Valley Stream Parkway Malvern, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DUDDIE, ROBERT J 10 VALLEY STREAM PKWY STE 204 MALVERN, PA 19355	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Emil Gizzi 1 Pershing Plaza Jersey City, NJ 07399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REINHART, LEORAND A 10 VALLEY STREAM PARKWAY MALVERA, PA 19355	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leonard A. Reinhart 10 Valley Stream Parkway Malvern, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, EDGAR 100 CHURCH ST 9TH FLR NEW YORK, NY 10286	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Amy Wu 1 Wall Street - 32nd Floor New York, NY 10286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZANGRE, ANTHONY 100 CHURCH ST 9TH FLR NEW YORK, NY 10286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 Wall Street - 32nd Floor New York, NY 10286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SISLER, HEATHER A 1 WALL STREET NEW YORK, NY 10286	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # (212) 635-6861					