2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# F97000003132

Entity Name: LOCKWOOD FINANCIAL SERVICES, INC.

Current Principal Place of Business:

10 VALLEY STREAM PKWY
210
MALVERN, PA 19355

New Principal Place of Business:

10 VALLEY STREAM PKWY
MALVERN, PA 19355

Current Mailing Address:

1 WALL ST 32ND FL
NEW YORK, NY 10286

New Mailing Address:

10 VALLEY STREAM PKWY
MALVERN, PA 19355

FEI Number: 23-2824427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REINHART, LEONARD A
Address: 10 VALLLEY STREAM PKWY
City-St-Zip: MALVERN, PA 19355

Title: T ( ) Delete
Name: MASTRO, THOMAS J
Address: 1 WALL ST
City-St-Zip: NEW YORK, NY 10286

Title: VP ( ) Delete
Name: HINTAKE, DENISE
Address: 1 WALL ST -32ND FL
City-St-Zip: NEW YORK, NY 10286

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROBINSON, DONALD
Address: 10 VALLEY STREAM PKWY
City-St-Zip: MALVERN, PA 19355

Title: TVP (X) Change ( ) Addition
Name: PARK, JOHN
Address: 10 VALLEY STREAM PKWY
City-St-Zip: MALVERN, PA 19355

Title: VP (X) Change ( ) Addition
Name: HINTAKE, DENISE
Address: 10 VALLEY STREAM PKWY
City-St-Zip: MALVERN, PA 19355

Title: AS ( ) Change (X) Addition
Name: RICE, CHRISTINA
Address: 10 VALLEY STREAM PKWY
City-St-Zip: MALVERN, PA 19355

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD ROBINSON P 05/01/2009

Electronic Signature of Signing Officer or Director Date