

**\*2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003450**

1. Entity Name  
**BRANDYWINE FINANCIAL SERVICES CORPORATION**



Principal Place of Business  
**2 POND'S EDGE DR  
CHADDS FORD, PA 19317 US**

Mailing Address  
**PO BOX 999  
CHADDS FORD, PA 19317**



04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-2713685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MOORE, BRUCE E  
2631 MCCORMICK DR  
STE 101  
CLEARWATER, FL 33759**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000950637  
06/03/08-80073-021 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOORE, BRUCE E  
STREET ADDRESS 2 POND'S EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE V  
NAME DOYLE, DENISE M  
STREET ADDRESS 2 POND'S EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE S  
NAME PRICE, ELAINE C  
STREET ADDRESS 2 POND'S EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE AS  
NAME JOHNSON, JANET L  
STREET ADDRESS 2 POND'S EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE T  
NAME LYNAM, MICHAEL A  
STREET ADDRESS 2 POND'S EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD, PA 19317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael A. Lynam* **MICHAEL A. LYNAM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer**

4/25/08  
Date

610-388-9600  
Daytime Phone #