

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90636 026 ***150.00

DOCUMENT # F99000006044

1. Entity Name
WILMINGTON BROKERAGE SERVICES COMPANY



Principal Place of Business
**1100 NORTH MARKET STREET
WILMINGTON DE 19801**

Mailing Address
**1100 NORTH MARKET STREET
WILMINGTON DE 19801**



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 **51-0261677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STICKNEY, KEMP C
2000 PGA BLVD., STE. 4400
N. PALM BEACH FL 33408**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **LEAHY, HUGH D JR.**
STREET ADDRESS **2022 DELAWARE AVENUE**
CITY-ST-ZIP **WILMINGTON DE 19808**

TITLE **Director** ☐ Change ☒ Addition
NAME **Rodney P. Wood**
STREET ADDRESS **702 Princeton Road**
CITY-ST-ZIP **Wilmington, DE 19807**

TITLE **DP** ☐ Delete
NAME **GANDOLFO, JAMES C**
STREET ADDRESS **1501 TALLEY RD.**
CITY-ST-ZIP **WILMINGTON DE 19803**

TITLE **Director** ☐ Change ☒ Addition
NAME **John R. Giles**
STREET ADDRESS **115 Turnberry Drive**
CITY-ST-ZIP **Avondale, PA 19311**

TITLE **ST** ☒ Delete
NAME **GOODHUE, BETTY M**
STREET ADDRESS **1918 LONGVIEW DRIVE**
CITY-ST-ZIP **WILMINGTON DE 19810**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Gerard A. Chamberlain**
STREET ADDRESS **2431 Brown Street**
CITY-ST-ZIP **Philadelphia, PA 19130**

TITLE **VP** ☐ Delete
NAME **ARNOTT, CAROL E**
STREET ADDRESS **443 BRIAR CREEK DRIVE**
CITY-ST-ZIP **HOCKESSIN DE 19707**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPCM** ☐ Delete
NAME **FOX, ROBERT M**
STREET ADDRESS **104 S AUGUSTINE COURT**
CITY-ST-ZIP **MIDDLETOWN DE 19709**

TITLE **Director, Vice President,** ☒ Change ☐ Addition
NAME **Treasurer, Compliance Manager**
STREET ADDRESS **Robert M. Fox**
CITY-ST-ZIP **104 S. Augustine Court**
Middletown, DE 19709

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)