

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002476

Entity Name: PLANCO FINANCIAL SERVICES, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

1500 LIBERTY RIDGE DRIVE, SUITE 100
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

1500 LIBERTY RIDGE DRIVE, SUITE 100
WAYNE, PA 19087

New Mailing Address:

FEI Number: 20-3944031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALTERS, JOHN C
Address: 200 HOPEMEADOW STREET
City-St-Zip: SIMSBURY, CT 06089

Title: MGR () Delete
Name: CONNOR, KEVIN M
Address: 1500 LIBERTY RIDGE DRIVE, SUITE 100
City-St-Zip: WAYNE, PA 19087

Title: MGR () Delete
Name: O'HARA, SEAN E
Address: 1500 LIBERTY RIDGE DRIVE, SUITE 100
City-St-Zip: WAYNE, PA 19087

Title: MGR () Delete
Name: SEIFERT, TIMOTHY J
Address: 1500 LIBERTY RIDGE DRIVE, SUITE 100
City-St-Zip: WAYNE, PA 19087

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALTERS, JOHN C
Address: 200 HOPMEADOW STREET
City-St-Zip: SIMSBURY, CT 06089

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN C. WALTERS

MGR

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date