

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003372

Entity Name: NEW PENN FINANCIAL, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

4000 CHEMICAL RD STE 200
PLYMOUTH MEETING, PA 19462

New Principal Place of Business:

Current Mailing Address:

4000 CHEMICAL RD STE 200
PLYMOUTH MEETING, PA 19462

New Mailing Address:

FEI Number: 37-1542226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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: EGAN, DANIEL J
Address: 4000 CHEMICAL RD STE 200
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: MGR (X) Delete
Name: LUTZ, CARL P
Address: 4000 CHEMICAL RD STE 200
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: MGR (X) Delete
Name: STAMOS, JAMES S
Address: 4000 CHEMICAL RD STE 200
City-St-Zip: PLYMOUTH MEETING, PA 19462

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHIANO, JERRY
Address: 4000 CHEMICAL RD STE 200
City-St-Zip: PLYMOUTH MEETING, PA 19462

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 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: JERRY SCHIANO

MGR

03/19/2009

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