

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M990000001463

1. Entity Name

JANNEY MONTGOMERY SCOTT LLC

Principal Place of Business

1801 MARKET STREET
PHILADELPHIA PA 19103

Mailing Address

1801 MARKET STREET
PHILADELPHIA PA 19103-1628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-0731260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME RUDOLPH CHARLES SANDERS
STREET ADDRESS 505 ORIOLE LANE
CITY- ST- ZIP VILLANOVA PA 19085

TITLE MANAGER ☐ Change ☒ Addition
NAME Richard A. Thornton
STREET ADDRESS 214 BARNSBARD RD
CITY- ST- ZIP Sewell, NJ 08080

TITLE MGR ☐ Delete
NAME CHARLES BECKWITH COOK, JR.
STREET ADDRESS RFD #1-BOX 187
CITY- ST- ZIP CENTER HARBOR NH 03226

TITLE ☐ Change ☐ Addition
NAME 400003350084-0
STREET ADDRESS -08/08/00--01098--025
CITY- ST- ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME NORMAN TAYLOR WILDE, JR.
STREET ADDRESS 306 WOOD SPRING ROAD
CITY- ST- ZIP GWYNEDD VALLEY PA 19437

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

TITLE MGR ☐ Delete
NAME RONALD MICHAEL BERARDINO
STREET ADDRESS 27 HOMESTEAD AVENUE, GARDEN CITY
CITY- ST- ZIP LONG ISLAND NY 11530

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

TITLE MGR ☐ Delete
NAME DAVID JOHN CUNNINGHAM
STREET ADDRESS 519 ANDOVER ROAD
CITY- ST- ZIP WILMINGTON DE 19803

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

TITLE MGR ☐ Delete
NAME JOHN JOSEPH GRAY
STREET ADDRESS 612 CREEK LANE
CITY- ST- ZIP WILMINGTON DE 19803

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

11. 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 is true and accurate and that my 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: *X*

SIGNATURE REQUIRED

Richard A. Thornton 7/26/00 665-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)