2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X CONSTITUTION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCU	MENT # M99000	0001463	3						
JANNEY MONTGOMERY SCOTT LLC						FILED			
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Principal Place	e of Business	Mailing Address	s		01	AUG 27 P	#12: 17		
1801 MARKET STREET 18		1801 MARKET	1801 MARKET STREET			RETARY OF			
		PHILADELPHIA	PA 19103		I IALL	.AHASSEE, F	-LORIDA		
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I. Principal Place of Business 3. A		3. Mailing Addre	Suite, Apt. #, etc.				i Balil Daill Abill Bali	06 101 1011 1351	
Suite, Apt. 4	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI N	4. FEI Number 23-0731260 Applied For Not Applicable			
Zip	Country	Zip	Co	ountry	5. Certii	icate of Status De	esired \square	\$5.00 Add	ditional
	6. Name and Address of Current I	Registered Agent				and Address of		Fee Require	id
				Name					-
	CORPORATION SYSTEM			Street A	ddress (P.O. Box N	lumber is Not Acc	ceptable)		
	00 South Pine Island Road Antation FL 33324								
FLA	MINITOR I E 00067								
				City			FI	L Zip Cod	le
	named entity submits this statement for		anging its regisi	stered office of	registered agent,	or bour, in the sta			
	named entity submits this statement for signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regis	stered Agent signatu	ure required when reinstati 50.00 ment of State	3000 3000	04562 18/29/01	-01090	·016
IGNATURE -	·	and title if applicable. Make C	(NOTE: Regis FILE NOW!! heck Payable Due By Sep	stered Agent signatu	ure required when reinstati 50.00 ment of State	3000 -0 *	D4562	-01030 *****	·016
IGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable. Make C	(NOTE: Regist FILE NOW!! heck Payable Due By Sep	stered Agent signature. !! FEE IS \$ le to Departure. tember 26,	ure required when reinstati 50.00 ment of State	3000 -0 *	D4562 18/29/01 ****50.00	-01030 *****	·016
IGNATURE	Signature, typed or printed name of registered agent a MANAGING MEMBEI MGR RUDOLPH CHARLES SANDERS	Make C	(NOTE: Regis	stered Agent signets !! FEE IS \$ ie to Departs otember 26, 10. TITLE NAME	50.00 ment of State 2001 Manager Richard A	3000 * ADD	D4562 8/29/01- ****50.00 TIONS/CHANGE	-01030 ***** s	016 50.00
IGNATURE	Signature, typed or printed name of registered agent a MANAGING MEMBE MGR RUDOLPH CHARLES SANDERS 505 ORIOLE LANE	Make C	(NOTE: Regis	stered Agent signate !! FEE IS \$!e to Departs otember 26, 10. TITLE	50.00 ment of State 2001 Manager Richard A 214 Barns	ADDI	D4562 8/29/01- ****50.00 TIONS/CHANGE	-01030 ***** s	016 50.00
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X 8-21-0/ (215)665-6000

Date Dayline Phone #