2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04812

Entity Name: COOKSON, PEIRCE & CO., INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
555 GRAN SUITE 380 PITTSBUR	T STREET GH, PA 1521	94421 US					
Current Mailing Address:				New Mailing Address:			
555 GRAN' SUITE 380 PITTSBUR	T STREET GH, PA 1521	94421 US					
FEI Number: 25-1449860 FEI Number Applied For () FEI Nu				nber Not Appl	licable ()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COOKSON, JANE 26221 ISLE WAY BONITA SPRINGS, FL 34134 US				COOKSON, JANE 27271 IBIS COVE COURT BONITA SPRINGS, FL 34134 US			
The above in the State		submits this statement for the	purpose o	f changing i	ts registered	d office or r	egistered agent, or both,
SIGNATURE: JANE COOKSON				04/25/2008			
	Electro	nic Signature of Registered Aç	gent				Date
Election Carr	npaign Financir	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: AD					IS/CHANGE	S TO OFF	ICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	COOKSON, JA 26221 ISLE W			Title: Name: Address: City-St-Zip:		(X) Change JANE COVE COUR RINGS, FL 34	Г
Title: Name: Address: City-St-Zip:	D (PEIRCE, ROB 304 SNOWBE VENETIA, PA	RRY CIRCLE		Title: Name: Address: City-St-Zip:		()Change	() Addition
Title: Name: Address: City-St-Zip:	COOKSON, DO 26221 ISLE W			Title: Name: Address: City-St-Zip:	COOKSON, 27271 IBIS ((X) Change DONALD H COVE COUR' RINGS, FL 3	Г
Title: Name: Address: City-St-Zip:	TD (SANTORY, NA 136 RUSTIQUI BUTLER, PA	E LANE		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	MILLER, BRUG 7022 LYON'S			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address:	PD (HENDERSON, 269 SUTHERL	AND DRIVE		Title: Name: Address:		() Change	() Addition

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L SANTORY TD 04/25/2008