

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P13127

1. Entity Name
PUBLIC FINANCIAL MANAGEMENT, INC.



Principal Place of Business
TWO LOGAN SQUARE, SUITE 1600
18TH & ARCH STREETS
PHILADELPHIA, PA 19103

Mailing Address
TWO LOGAN SQUARE, SUITE 1600
18TH & ARCH STREETS
PHILADELPHIA, PA 19103

CL# 90849



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1992164
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME WHITE, F. JOHN
STREET ADDRESS T L SQ STU 1600 18TH & ARCH STREETS
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE VPT
NAME MARGOLIS, MARTY
STREET ADDRESS 2101 N FRONT STREET SUITE 200
CITY-ST-ZIP HARRISBURG, PA 17110

TITLE S
NAME BISGAIER, BARBARA
STREET ADDRESS T L SQ STE 1600 18TH & ARCH STREETS
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE MD
NAME WILLIARD, GLEN
STREET ADDRESS 2101 N FRONT STREET SUITE 200
CITY-ST-ZIP HARRISBURG, PA 17110

TITLE MD
NAME CURRY, KEITH
STREET ADDRESS 660 NEWPORT CENTER DRIVE SUITE 750
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE MD
NAME GIBSON, STEPHANIE
STREET ADDRESS 99 SUMMER STREET SUITE 1020
CITY-ST-ZIP BOSTON, MA 02110

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. John White

7/26/05

215-567-6100

Date

Daytime Phone #