2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P13127

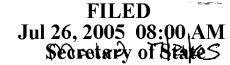
1. Entity Name

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



Ch# 90849



07122005

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-1992164 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM

1201 HAYES ST. STE, 105

TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

 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: Registe		gistered Agent signature	required when reinstating)	DATE	
		9. Election Campalgn I Trust Fund Contribu		\$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			na te acceptant	FEF DE TOPONICO CONTRACTOR - CO	J
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WHITE, F. JOHN T L SQ STU 1600 18TH & ARCH STREETS PHILADELPHIA, PA 19103		emery star			
TITLE NAME	VPT MARGOLIS, MARTY		To the definition	The second second	M7/26705-80007-017 150.00	Э.

STREET ADDRESS 2101 N FRONT STREET SUITE 200 CITY-ST-ZIP HARRISBURG, PA 17110 BISGAIER, BARBARA NAME STREET ADDRESS T L SQ STE 1600 18TH & ARCH STREETS CITY-ST-ZIP PHILADELPHIA, PA 19103 TITLE MD WILLIARD, GLEN 2101 N FRONT STREET SUITE 200 STREET ADDRESS CITY-ST-ZIP HARRISBURG, PA 17110 TITLE MD NAME CURRY, KEITH 660 NEWPORT CENTER DRIVE SUITE 750 STREET ADDRESS CITY-ST-ZIP NEWPORT BEACH, CA 92660 TITLE

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filling 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 according to the corporation or the receiver or trustee empowered to execute this eport 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 at other like empowered.

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GIBSON, STEPHANIE

BOSTON, MA 02110

99 SUMMER STREET SUITE 1020

F. John Whit

7/2/165

215-567-6100 Davime Phone #