
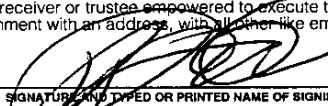


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90247 049 \*\*\*150.00

<b>DOCUMENT # P13127</b> 1. Entity Name <b>PUBLIC FINANCIAL MANAGEMENT, INC.</b>					
Principal Place of Business <b>TWO LOGAN SQUARE, SUITE 1600 18TH &amp; ARCH STREETS PHILADELPHIA, PA 19103</b>			Mailing Address <b>TWO LOGAN SQUARE, SUITE 1600 18TH &amp; ARCH STREETS PHILADELPHIA, PA 19103</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PRENTICE HALL CORPORATION SYSTEM 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WHITE, F. JOHN T L SQ STU 1600 18TH & ARCH STREETS PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARGOLIS, MARTY 2101 N FRONT STREET SUITE 200 HARRISBURG, PA 17110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISGAIER, BARBARA T L SQ STE 1600 18TH & ARCH STREETS PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILLIARD, GLEN 2101 N FRONT STREET SUITE 200 HARRISBURG, PA 17110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CURRY, KEITH 660 NEWPORT CENTER DRIVE SUITE 750 NEWPORT BEACH, CA 92660		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GIBSON, STEPHANIE 99 SUMMER STREET SUITE 1020 BOSTON, MA 02110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
<b>SIGNATURE:</b>  <b>F. John White</b> <span style="float: right;">3/16/06 215-567-6100</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

4003300



03142006 Chg-P CR2E034 (11/05)

4. FEI Number  
**23-1992164**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

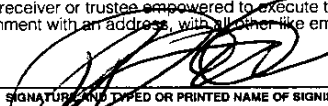
7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**\$5.00 May Be Added to Fees**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:**  **F. John White** 3/16/06 215-567-6100