

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13127

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: PUBLIC FINANCIAL MANAGEMENT, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 23-1992164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: WHITE, F. JOHN  
Address: T L SQ STU 1600 18TH & ARCH STREETS  
City-St-Zip: PHILADELPHIA, PA 19103

Title: VPT ( ) Delete  
Name: MARGOLIS, MARTY  
Address: 2101 N FRONT STREET SUITE 200  
City-St-Zip: HARRISBURG, PA 17110

Title: S ( ) Delete  
Name: BISGAIER, BARBARA  
Address: T L SQ STE 1600 18TH & ARCH STREETS  
City-St-Zip: PHILADELPHIA, PA 19103

Title: MD ( ) Delete  
Name: WILLIARD, GLEN  
Address: 2101 N FRONT STREET SUITE 200  
City-St-Zip: HARRISBURG, PA 17110

Title: MD ( ) Delete  
Name: CURRY, KEITH  
Address: 660 NEWPORT CENTER DRIVE SUITE 750  
City-St-Zip: NEWPORT BEACH, CA 92660

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: F. JOHN WHITE

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01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date