


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P13127 1. Entity Name PUBLIC FINANCIAL MANAGEMENT, INC.	
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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
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01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1992164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	VPT MARGOLIS, MARTY 2101 N FRONT STREET SUITE 200 HARRISBURG, PA 17110
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	MD WILLIARD, GLEN 2101 N FRONT STREET SUITE 200 HARRISBURG, PA 17110
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	

**DO NOT WRITE
IN THIS SPACE**

UD00000806739
02/06/08-80055-002 150.00

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 my address, with all other like empowered.

SIGNATURE _____ *1/16/08* **215-567-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #