2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P13348

Entity Name: CAPITAL ANALYSTS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

400 BROADWAY
CINCINNATI, OH 45202

New Principal Place of Business:

100 MATSONFORD RD
SUITE 220
RADNOR, PA 19087

Current Mailing Address:

C/O TAX DEPT
POB 1075
CINCINNATI, OH 45201

New Mailing Address:

FEI Number: 23-1691523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: COGAN, ROBERT S.,
Address: 8 BERSHIRE TERRACE
City-St-Zip: WAYNE, PA

Title: VST ( ) Delete
Name: MAYHEW, STEPHEN T
Address: 183 ARGYLE ROAD
City-St-Zip: LANGHORNE, PA 19047

Title: VD ( ) Delete
Name: MAGGETTI, J.W.,
Address: 521 S. ROBERTS RD.
City-St-Zip: BRYN MAWR, PA

Title: AT ( ) Delete
Name: SPEED, T. D.
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH

Title: VP ( ) Delete
Name: TAULBEE, RICHARD K
Address: 400 BROADWAY
City-St-Zip: CINCINNATI, OH 45202

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 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: RICHARD K. TAULBEE V.P. 04/09/2008

Electronic Signature of Signing Officer or Director Date