

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19020

1. Corporation Name

PLANCO FINANCIAL SERVICES, INC.

Principal Place of Business

16 INDUSTRIAL BLVD.
PAOLI PA 19301

Mailing Address

16 INDUSTRIAL BLVD.
PAOLI PA 19301

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90028 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1988

4. FEI Number

23-2132791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME THOMSON, JOE MCKEE
STREET ADDRESS 54 S. WHITEHORSE ROAD
CITY-ST-ZIP PHOENIXVILLE PA

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Lowndes A. Smith
1.3 STREET ADDRESS Hartford Life 200 Hopmeadow St
1.4 CITY-ST-ZIP Simsbury CT 06089

TITLE VST ☐ DELETE
NAME GOLD, EDWIN JASON
STREET ADDRESS CLOTHIER SPGS RD
CITY-ST-ZIP PHOENIXVILLE PA

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Thomas M. Marra
2.3 STREET ADDRESS Hartford Life 200 Hopmeadow St
2.4 CITY-ST-ZIP Simsbury CT 06089

TITLE D ☐ DELETE
NAME GOLD, EDWIN JASON
STREET ADDRESS CLOTHIER SPGS RD
CITY-ST-ZIP PHOENIXVILLE PA

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Peter Commins
3.3 STREET ADDRESS Hartford Life 200 Hopmeadow St
3.4 CITY-ST-ZIP Simsbury CT 06089

TITLE VD ☐ DELETE
NAME CRAIG, JOHN PERRY
STREET ADDRESS 871 SPRINGTON ROAD
CITY-ST-ZIP GLENMOORE PA

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME David Foy
4.3 STREET ADDRESS Hartford Life 200 Hopmeadow St
4.4 CITY-ST-ZIP Simsbury CT 06089

TITLE V ☐ DELETE
NAME SAGENDORPH, JANE K
STREET ADDRESS 690 GENERAL SCOTT ROAD
CITY-ST-ZIP WAYNE PA

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Lois Brady
5.3 STREET ADDRESS Hartford Life 200 Hopmeadow St
5.4 CITY-ST-ZIP Simsbury CT 06089

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jane K Sagendorph
2/12/99 610-695-9500

CR2E034 (1/198)