

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19020

1. Entity Name

PLANCO FINANCIAL SERVICES, INC.

PAOLI FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

16 INDUSTRIAL BLVD.
PAOLI PA 19301

16 INDUSTRIAL BLVD.
PAOLI PA 19301-1609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2132791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMSON, JOE MCKEE	
STREET ADDRESS	54 S. WHITEHORSE ROAD	
CITY-ST-ZIP	PHOENIXVILLE PA	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GOLD, EDWIN JASON	
STREET ADDRESS	CLOTHIER SPGS RD	
CITY-ST-ZIP	PHOENIXVILLE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, EDWIN JASON	
STREET ADDRESS	CLOTHIER SPGS RD	
CITY-ST-ZIP	PHOENIXVILLE PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAIG, JOHN PERRY	
STREET ADDRESS	871 SPRINGTON ROAD	
CITY-ST-ZIP	GLENMOORE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAGENDORPH, JANE K	
STREET ADDRESS	690 GENERAL SCOTT ROAD	
CITY-ST-ZIP	WAYNE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LOWNDES A	
STREET ADDRESS	HARTFORD LIFE-200 HOPMEADOW ST	
CITY-ST-ZIP	SIMSBURY CT 06089	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas M Harta	
STREET ADDRESS	Hartford Life 200 Hopmeadow St	
CITY-ST-ZIP	Simsbury CT 06089	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Commins	
STREET ADDRESS	Hartford Life 200 Hopmeadow St	
CITY-ST-ZIP	Simsbury CT 06089	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Foy	
STREET ADDRESS	Hartford Life 200 Hopmeadow St	
CITY-ST-ZIP	Simsbury CT 06089	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Grady	
STREET ADDRESS	Hartford Life 200 Hopmeadow St	
CITY-ST-ZIP	Simsbury CT 06089	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 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 #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90125 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

James Sagendorph **James Sagendorph** 2/3/00 610-645-9700