2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19020

FILED Feb 03, 2004 Secretary of State

Entity Name: PLANCO FINANCIAL SERVICES, INC.

y		THV (IVOI) LE CEICVICEO, IIVO.					
Current Principal Place of Business:				New Principal Place of Business:			
1500 LIBER SUITE 100 WAYNE, P.	RTY RIDGE DI A 19087	RIVE					
Current Mailing Address:				New Mailing Address:			
1500 LIBERTY RIDGE DRIVE SUITE 100 WAYNE, PA 19087				200 HOPMEADOW STREET SIMSBURY, CT 06089			
FEI Number:	23-2132791	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desire	d ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
1200 S. PIN	DRATION SYS NE ISLAND RO ON, FL 33324	DAD					
The above in the State		submits this statement for the p	urpose o	f changing it	ts registered	office or registered agent,	or both,
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WALTERS, JOH 200 HOPMEAD SIMSBURY, CT	OW STREET 06089 US		Title: Name: Address: City-St-Zip:	WALTERS, JO 200 HOPMEA SIMSBURY, C	DOW STREET CT 06089 US	
Title: Name: Address: City-St-Zip:	CRAIG, JOHN F	RIDGE DRIVE, SUITE 100		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () FOY, DAVID T 200 HOPMEAD SIMSBURYC, C			Title: Name: Address: City-St-Zip:	GIAMALIS, JO HARTFORD F	PLAZA	
Title: Name: Address: City-St-Zip:	S () REPASY, CHRI 200 HOPMEAD SIMSBURY, CT	OW STREET		Title: Name: Address: City-St-Zip:	HAYER-REPA	X) Change () Addition ASY, CHRISTINE DOW STREET CT 06089 US	
Title: Name: Address: City-St-Zip:	D () WALTERS, JOH 200 HOPMEAD SIMSBURY, CT	OW STREET		Title: Name: Address: City-St-Zip:	ZLATKUS, LIZ	DOW STREET	
Title: Name: Address: City-St-Zip:	D () MARRA, THOM 200 HOPMEAD SIMSBURY, CT	OW STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE HAYER REPASY S 02/03/2004