

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003372

**Entity Name:** NEW PENN FINANCIAL, LLC

**Current Principal Place of Business:**

4000 CHEMICAL ROAD SUITE 200  
PLYMOUTH MEETING, PA 19462

**Current Mailing Address:**

4000 CHEMICAL ROAD SUITE 200  
PLYMOUTH MEETING, PA 19462

**FEI Number:** 37-1542226

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SCHIANO, JERRY  
Address        4000 CHEMICAL ROAD SUITE 200  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title           MANAGER  
Name           SANDERS, SAUL  
Address        4000 CHEMICAL ROAD SUITE 200  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title           MANAGER  
Name           WILLIAMS, BRUCE  
Address        4000 CHEMICAL ROAD SUITE 200  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title           MANAGER  
Name           NAVARRO, JACK  
Address        4000 CHEMICAL ROAD SUITE 200  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title           MANAGER  
Name           SHELLPOINT PARTNERS LLC  
Address        4000 CHEMICAL ROAD SUITE 200  
City-State-Zip: PLYMOUTH MEETING PA 19462

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JERRY SCHIANO

**MANAGER**

**04/27/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date