

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # **838776** (3)

1. Corporation Name

**TOKAI FINANCIAL SERVICES, INC.**



Principal Place of Business

Mailing Address

1055 WESTLAKES DR.  
BERWYN PA 19312

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BERWYN PA 19312

3. Date Incorporated or Qualified <b>07/14/1977</b>	3a. Date of Last Report <b>06/21/1995</b>
4. FEI Number <b>38-1904500</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL B5. 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 for Principal Place of Business (Agent or Director)*

*Signature for New Registered Agent (Agent or Director)*

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	TADAHIKO, OQAWA	
STREET ADDRESS	1905 GENERAL ALEXANDER DRIVE	
CITY-ST-ZIP	MALVERN PA	
TITLE	<del>T</del>	<input type="checkbox"/> DELETE
NAME	<del>DIANA MOY KELLY</del>	
STREET ADDRESS	<del>8305 SHAWNEE ST.</del>	
CITY-ST-ZIP	<del>PHILADELPHIA PA</del>	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	BUTLER, HARRIS A	
STREET ADDRESS	ROAD #1 BOX 252A	
CITY-ST-ZIP	PARKERBURG PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	J. ERIC ATHERHOLT	
STREET ADDRESS	476 SHADY RETREAT RD.	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SAMETT, PAUL S	
STREET ADDRESS	209 RAUENSCHLIFF RD	
CITY-ST-ZIP	ST DAVID PA	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	CAMPBELL, DONALD P	
STREET ADDRESS	909 BAUSHTOWN RD	
CITY-ST-ZIP	LOWER GWGNEDD PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
2.1 TITLE	VACANT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*J. Eric Atherholt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-596 010-651-5000*  
DATE TELEPHONE

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TOKAI FINANCIAL SERVICES INC

THE NAMES AND RESPECTIVE ADDRESSES OF THE COMPANY'S OFFICERS AND DIRECTORS ARE:

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>	<u>DATE TAKING OFFICE</u>
TAKASHI ARAI SS# 087-84-5561	DIRECTOR	C/O THE TOKAI BANK,LTD 55 EAST 52ND STREET NY, NY 10055	8/1/95
TADAHIKO OGAWA SS# 210-74-5877	DIRECTOR AND CHAIRMAN OF THE BOARD	1905 GENERAL ALEXANDER DR MALVERN, PA 19355	3/28/95
DONALD P.CAMPBELL SS# 175-36-0193	DIRECTOR AND VICE CHAIRMAN AND CHIEF EXECUTIVE OFFICER	909 BRUSHTON ROAD LOWER GWYNEDD, PA.19002	3/28/95
AKIRA KOMORI SS# 051-68-2730	DIRECTOR AND SR. VICE PRESIDENT	106 CURTIS COURT WAYNE, PA 19087	3/28/95
TSUNEO SAKAGAMI SS# 567-73-8085	DIRECTOR AND SR. VICE PRESIDENT	319 OVERLOOK LANE GULPH MILLS, PA 19428	3/28/95
JAMES M.VANDERWALK SS# 095-28-6442	EXECUTIVE VICE PRESIDENT	12 SHEPPARD DR MONTVALE, NJ 07645	3/28/95
PAUL S. SAMETT SS# 100-46-9315	DIRECTOR AND SR. VICE PRESIDENT/ CHIEF FINANCIAL OFFICER	209 RAVENSCLIFF ROAD ST DAVIDS, PA 19087	3/28/95
J. ERIC ATHERHOLT SS# 185-38-5937	SECRETARY	476 SHADY RETREAT ROAD DOYLESTOWN, PA 18901	3/28/95
HARRISS A. BUTLER SS# 174-30-0605	ASST SECRETARY	RD#1 BOX 252A PARKESBURG, PA. 19365	3/28/95
OWEN KILLIAN SS# 208-32-1787	DIRECTOR AND SR. VICE PRESIDENT/ CHIEF CREDIT OFFICER	522 CHESHIRE DRIVE DOWNNIGTOWN, PA 19335	7/1/95