

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 1055 WESTLAKES DR. BERWYN PA 19312	Mailing Address 1055 WESTLAKES DR. BERWYN PA 19312-2410
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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	29
25	30

3. Date Incorporated or Qualified 07/14/1977	3a. Date of Last Report 04/11/1996
4. FEI Number 38-1904500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	TADAHIKO, OGAWA	
STREET ADDRESS	1905 GENERAL ALEXANDER DRIVE	
CITY-ST-ZIP	MALVERN PA	
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	478 SHADY RETREAT RD.	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	SAMETT, PAUL S	
STREET ADDRESS	200 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SUP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT A. MCQUILKIN	
1.3 STREET ADDRESS	1640 RIDGECREEK	
1.4 CITY-ST-ZIP	MEDIA, PA. 19063	
2.1 TITLE		<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 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.

SIGNATURE: *Scott A. McQuilkin* 3/28/97 610-651-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)