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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

(3)

TOKAI FINANCIAL SERVICES, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				
1055 WESTLAKES DR. 1055 WESTLAKES DR. BERWYN PA 19312 BERWYN PA 19312				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
		4		07/14/1977
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.		26		38-1904500 Not Applicable
22 Suite, Apt.	·#, ♥(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & Star	te .	City & State		Fee Required
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current fear Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent
TH	IE PRENTICE-HALL CORPORATI	ON SYSTEM, INC.	81 Na	Name
1201 HAYS STREET SUITE 105			82 Str	Street Address (P.O. Box Number is Not Acceptable)
			02 30	preer Address (F.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301			83	
			84 Cii	St.
				FL ST ST ST ST ST ST ST S
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, typed or printed name of registered agent and tille if applicable (NOT) Registered Agent signature required when reinstaturg) DATE				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC COAWA	☐ DELETE	1.1 TITL€	Change [_] Addition
NAME	TADAHIKO, OQAWA		1.2 NAME	
STREET ADDRESS	1905 GENERAL ALEXANDER	CURIVE	1.3 STREET ADDR	ORESS
CITY-ST-ZIP TITLE	MALVERN PA AV	DELETE	14 CITY-ST-ZIP	
			2 1 TITLE	Change Addition
NAME OTROCK ADDRESS	BUTLER, HARRIS A ROAD #1 BOX 252A		2.2 NAME	
STREET ADDRESS	PARKERBURG PA		2.3 STREET ADDR	
CITY+ST-ZIP TITLE	\$	☐ DELETE	2. 4 CITY - ST - ZIP	
NAME	J. ERIC ATHERHOLT		3.1 TITLE	Change Addition
STREET ADDRESS	476 SHADY RETREAT RD.		3.2 NAME	and a second
	DOYLESTOWN PA		3.3 STREET ADDRE	
CITY-\$T-ZIP TITLE	SVPC	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	··· · · · · · · · · · · · · · · · · ·
NAME	MCQUILKIN, SCOTT A			Change Addition
STREET ADDRESS	1640 RIDDLE CREEK		4. 2 NAME	orce
	MEDIA PA		4.3 STREET ADDRE	
TITLE	DVC	DELETE	5.1 TITLE	P Change Addition
NAME	CAMPBELL, DONALD P	() occor	5.2 NAME	Change C Addition
STREET ADDRESS	909 BAUSHTOWN RD		5.3 STREET ADDRE	DECC .
CITY-ST-ZIP	LOWER GWGNEDD PA		5.3 STREET ADDRE	1
TITLE	TOTAL STIMILOU IN	DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	La Change La Adultion
STREET ADDRESS			6.3 STREET ADDRE	RFCS
CITY-SI-ZIP			6.4 CITY - ST - ZIP	
U.I.I GI EN			■ 0.4 C(11.21.7I)	

14. 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 annual report or suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.