

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

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FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90157 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838776

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1977	
21	22	26	27	4. FEI Number 38-1904500	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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]* **SECRETARY** DATE: **1/19/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TADAHIKO, OGAWA	1.2 NAME	DC YASUYUKI KATO
STREET ADDRESS	1905 GENERAL ALEXANDER DRIVE	1.3 STREET ADDRESS	1905 GENERAL ALEXANDER DR.
CITY-ST-ZIP	MALVERN PA	1.4 CITY-ST-ZIP	MALVERN, PA. 19355
TITLE	AV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, HARRIS A	2.2 NAME	
STREET ADDRESS	ROAD #1 BOX 252A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKERBURG PA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. ERIC ATHERHOLT	3.2 NAME	
STREET ADDRESS	476 SHADY RETREAT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOYLESTOWN PA	3.4 CITY-ST-ZIP	
TITLE	SVPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUILKIN, SCOTT A	4.2 NAME	
STREET ADDRESS	1640 RIDDLE CREEK	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA	4.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DONALD P	5.2 NAME	
STREET ADDRESS	909 BAUSHTOWN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOWER GWGNEDD PA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *SEE ABOVE SIGNATURE OF SECRETARY* Date: Daytime Phone #

CR2E034 (11/98)