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**95 MAY - 1 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**600001481966  
-05/10/95 -01008 -002  
\*\*\*3400.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # F93000002902 (5)**

1. Corporation Name  
**SERVICE ADMINISTRATORS, INC. (USA)**

Principal Place of Business Mailing Address  
**400 BENEFICIAL CENTER PEAPACK NJ 07977**      **300 BENEFICIAL CENTER PEAPACK NJ 07977**

3. Date Incorporated or Qualified **06/18/1993**      3a. Date of Last Report **04/29/1994**

4. FEI Number **64-6038195**      Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	14 TITLE	15 NAME
CPD	O'BRIEN, DANIEL R 400 BENEFICIAL CENTER PEAPACK NJ 07977	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV	COZZA, PATRICK A 400 BENEFICIAL CENTER PEAPACK NJ 07977	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	BAHNEMAN, LAWRENCE R 400 BENEFICIAL CENTER PEAPACK NJ 07977	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	HANNAH, DONALD J 400 BENEFICIAL CENTER PEAPACK NJ 07977	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST	POOLE, GLORIA P 400 BENEFICIAL CENTER PEAPACK NJ 07977	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Secretary/Treasurer Leonard M. Fisher 400 Beneficial Center Peapack, NJ 07977</b>
D	LUNEMANN, GERARD 400 BENEFICIAL CENTER PEAPACK NJ 07977	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Vice President</b>

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 110.07(3)(b), 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 13 if changed, or as an attachment with an address.

**SIGNATURE: \_\_\_\_\_ Leonard M. Fisher 4/24/95 (908) 781-3381**

(Name) (Signature/Printed Name)