

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

84-6038195

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, DANIEL R	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COZZA, PATRICK A	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAHNEMAN, LAWRENCE R	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANNAH, DONALD J	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FISHER, LEONARD M	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LUNEMANN, GERARD	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SR. VP & CFO, DIRECTOR <input checked="" 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	SECRETARY & TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARBARA L. HILL
5.3 STREET ADDRESS	400 BENEFICIAL CENTER
5.4 CITY-ST-ZIP	PEAPACK, NJ 07977
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. J. McDonough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. J. MCDONOUGH, AVP

3/19/96
Date

(908) 781-3381
Telephone Number

CR2E034 (2/95)