

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

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**Apr 11 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 # F93000002902 (5)
 1. Corporation Name
SERVICE ADMINISTRATORS, INC. (USA)



Principal Place of Business 400 BENEFICIAL CENTER PEAPACK NJ 07977	Mailing Address 300 BENEFICIAL CENTER PEAPACK NJ 07977
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3. Date Incorporated or Qualified 06/18/1993	3a. Date of Last Report 03/27/1996
4. FEI Number 84-6038195	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
Zip	Country
24.	25.
29.	30.

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
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	CPD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, DANIEL R	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	COZZA, PATRICK A	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT S. VOLLOWITZ	
3.3 STREET ADDRESS	400 BENEFICIAL CENTER	
3.4 CITY-ST-ZIP	PEAPACK, NJ 07977	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAVERNE R. WOLFANGER	
4.3 STREET ADDRESS	400 BENEFICIAL CENTER	
4.4 CITY-ST-ZIP	PEAPACK, NJ 07977	
5.1 TITLE	ASSISTANT SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BARBARA L. HILL	
6.3 STREET ADDRESS	400 BENEFICIAL CENTER	
6.4 CITY-ST-ZIP	PEAPACK, NJ 07977	

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: *Barbara L. Hill* **SECRETARY/TREASURER** (908) 781-3381
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)