

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**APPROVED AND FILED**  
 98 MAY 26 PM 2:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

**06/18/1993**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 607.02(2) and 607.15(8), 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 607.05(6), Florida Statutes.

SIGNATURE

Signature (type or print name of registered agent and the, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CPD</b>	<input type="checkbox"/> DELETE
NAME	<b>O'BRIEN, DANIEL R</b>	
STREET ADDRESS	<b>400 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ 07977</b>	
TITLE	<b>VPCF</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COZZA, PATRICK A</b>	
STREET ADDRESS	<b>400 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VOLLOWITZ, ROBERT S</b>	
STREET ADDRESS	<b>400 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLFANGER, LAVERNE R</b>	
STREET ADDRESS	<b>400 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ</b>	
TITLE	<b>ASTD</b>	<input type="checkbox"/> DELETE
NAME	<b>FISHER, LEONARD M</b>	
STREET ADDRESS	<b>400 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>LUNEMANN, GERARD</b>	
STREET ADDRESS	<b>400 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ 07977</b>	

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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>Asst. VP James J. McDonough</b>
2.3 STREET ADDRESS	<b>300 Beneficial Center</b>
2.4 CITY-ST-ZIP	<b>Peapack, NJ 07977</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**700002537517--4**  
**-05/27/98--01096--011**  
**\*\*\*2850.00 \*\*\*150.00**

*8/25/96*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 *[Signature]* T T M... 008 791 2291

CR2E034 (10/97)