

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

FILED

**Jan 27 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 # F96000005069 (7)
 1. Corporation Name
CMAC SERVICE COMPANY



Principal Place of Business 1801 MARKET STREET PHILADELPHIA PA 19103	Mailing Address 1601 MARKET STREET PHILADELPHIA PA 19103-2337
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3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
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4. FEI Number 23-1936967	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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEOP <input type="checkbox"/> DELETE
NAME	FILIPPS, FRANK
STREET ADDRESS	252 RAVENS CLIFF
CITY-ST-ZIP	ST DAVIDS PA 19087
TITLE	VSGC <input type="checkbox"/> DELETE
NAME	SHELLY, TOM
STREET ADDRESS	3185 S. SMEDLEY STREET
CITY-ST-ZIP	PHILADELPHIA PA 19145
TITLE	CFOV <input type="checkbox"/> DELETE
NAME	QUINT, BOB
STREET ADDRESS	207 WINDSOR AVENUE
CITY-ST-ZIP	MELROSE PARK PA 19128
TITLE	DV <input type="checkbox"/> DELETE
NAME	FISCHER, PAUL
STREET ADDRESS	256 GREAT ROAD
CITY-ST-ZIP	MAPLE SHADE NJ 08052
TITLE	DV <input type="checkbox"/> DELETE
NAME	MACLEOD, DOUG
STREET ADDRESS	1228 RIDGEWOOD DRIVE
CITY-ST-ZIP	BRYN MAWR PA 19010
TITLE	DV <input type="checkbox"/> DELETE
NAME	LEVINE, HAL
STREET ADDRESS	10795 FAIRMONT VILLAGE DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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	<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	

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: C. Robert Quint **C. Robert Quint** 1/7/96 (215) 564-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)