


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005069
 1. Corporation Name
CMAC SERVICE COMPANY



Principal Place of Business 1601 MARKET STREET PHILADELPHIA PA 19103	Mailing Address 1601 MARKET STREET PHILADELPHIA PA 19103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 10/02/1996	Applied For Not Applicable
4. FEI Number 23-1936987	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KARLEN, SUSAN
 4300 W. CYPRESS, #1075
 TAMPA FL 33607**

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIPPS, FRANK	1.2 NAME	
STREET ADDRESS	252 RAVENS CLIFF	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST DAVIDS PA 19087	1.4 CITY-ST-ZIP	
TITLE	VSGC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSGC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELLY, TOM	2.2 NAME	Varuss, Howard
STREET ADDRESS	3165 S. SMEDLEY STREET	2.3 STREET ADDRESS	328 S. Smedley St.
CITY-ST-ZIP	PHILADELPHIA PA 19145	2.4 CITY-ST-ZIP	Philadelphia, PA 19103
TITLE	CFOV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINT, BOB	3.2 NAME	
STREET ADDRESS	207 WINDSOR AVENUE	3.3 STREET ADDRESS	15 Pikes Way
CITY-ST-ZIP	MELROSE PARK PA 19126	3.4 CITY-ST-ZIP	Cheltenham, PA 19012
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, PAUL	4.2 NAME	
STREET ADDRESS	256 GREAT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAPLE SHADE NJ 08052	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, DOUG	5.2 NAME	
STREET ADDRESS	1226 RIDGEWOOD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, HAL	6.2 NAME	
STREET ADDRESS	10795 FAIRMONT VILLAGE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *P Robert J...* DATE: 1/6/99 DAYTIME PHONE #: (215) 564-6600

CP-503 (11/98)