

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90056 038 ***550.00

DOCUMENT # F97000002044

1. Entity Name

AMERICAN FINANCIAL SYSTEMS, INC.

Principal Place of Business

9 RIVERSIDE OFFICE PARK
 WESTON MA 02183

Mailing Address

9 RIVERSIDE OFFICE PARK
 WESTON MA 02183

2. Principal Place of Business

9 Riverside Office Park

Suite, Apt. #, etc.

3. Mailing Address

9 Riverside Office Park

Suite, Apt. #, etc.

City & State

Weston, MA

City & State

Weston, MA

4. FEI Number

04-2842018

Applied For

Not Applicable

Zip

02493

Country

USA

Zip

02493

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT JOHNSON, DANIEL R 9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACDONALD, NANCY 9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DEAN, BRETT W 9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KEMP, HILARY R 9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERN, HOWARD D 9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MacDonald, Nancy 9 Riverside Office Park Weston, MA 02493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Clara Borda, Maria 9 Riverside Office Park Weston, MA 02493	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V/D Hutcheson, Joseph C. 9 Riverside Office Park Weston, MA 02493	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Mehta, ALOK 9 Riverside Office Park Weston, MA 02493	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Spurlock, Lisa 9 Riverside Office Park Weston, MA 02493	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2000 781-647-8700
Date Daytime Phone #

CR2E034 (5/00)