

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # F97000002044

1. Entity Name
AMERICAN FINANCIAL SYSTEMS, INC.

Principal Place of Business 9 RIVERSIDE OFFICE PARK WESTON MA 02193	Mailing Address 9 RIVERSIDE OFFICE PARK WESTON MA 02193
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2. Principal Place of Business 9 RIVERSIDE OFFICE PARK	3. Mailing Address 9 RIVERSIDE OFFICE PARK
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State WESTON MA	City & State WESTON MA
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4. FEI Number 04-2842018	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 02493	Country	Zip 02493	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

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 **05/01/2001**

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

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	V STERN HOWARD D
STREET ADDRESS	9 RIVERSIDE OFFICE PARK
CITY-ST-ZIP	WESTON MA 02193
TITLE	<input type="checkbox"/> Delete
NAME	COO KEMP HILARY R
STREET ADDRESS	9 RIVERSIDE OFFICE PARK
CITY-ST-ZIP	WESTON MA 02193
TITLE	<input type="checkbox"/> Delete
NAME	CFO DEAN BRETT W
STREET ADDRESS	9 RIVERSIDE OFFICE PARK
CITY-ST-ZIP	WESTON MA 02193
TITLE	<input type="checkbox"/> Delete
NAME	VP MACDONALD NANCY
STREET ADDRESS	9 RIVERSIDE OFFICE PARK
CITY-ST-ZIP	WESTON MA 02193
TITLE	<input type="checkbox"/> Delete
NAME	DCPT JOHNSON DANIEL R
STREET ADDRESS	9 RIVERSIDE OFFICE PARK
CITY-ST-ZIP	WESTON MA 02193

TITLE	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPURLOCK LISA		
STREET ADDRESS	9 RIVERSIDE OFFICE PARK		
CITY-ST-ZIP	WESTON MA 02493		
TITLE	SVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEHTA ALOK		
STREET ADDRESS	9 RIVERSIDE OFFICE PARK		
CITY-ST-ZIP	WESTON MA 02493		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORDA MARIA C		
STREET ADDRESS	9 RIVERSIDE OFFICE PARK		
CITY-ST-ZIP	WESTON MA 02493		
TITLE	SVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTCHESON II JOSEPH C		
STREET ADDRESS	9 RIVERSIDE OFFICE PARK		
CITY-ST-ZIP	WESTON MA 02493		
TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACDONALD NANCY		
STREET ADDRESS	9 RIVERSIDE OFFICE PARK		
CITY-ST-ZIP	WESTON MA 02493		
TITLE	DCPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON DANIEL R		
STREET ADDRESS	9 RIVERSIDE OFFICE PARK		
CITY-ST-ZIP	WESTON MA 02493		

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: JOSEPH C HUTCHESON II SVP Date 05/01/2001 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)