

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

95 MAY - 1 PM 2:23

T. J. L. ALFORD

000001481360
-05/10/95 -01008 -002
***3400.00 ***200.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P03151
1. Corporation Name
Beneficial Tax Masters Inc.

Principal Place of Business Mailing Address
One Christina Centre c/o Tax Dept.
301 N. Walnut St. 300 Beneficial Center
Wilmington, DE 19801 Peapack, NJ 07977

2. Principal Place of Business 2a. Mailing Address
21 State Apt. #, etc. 26 Suite Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 Country 25 USA 29 Country 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
08/24/84 04/21/94
4. FEI Number
51-0271105
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
C T Corporation System
1200 S. 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 607.0502 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 _____
Agent for Agent (printed name of registered agent of the corporation) _____
By (if registered agent (printed name) and after recording) _____ (ATY)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	President/Director	1. TITLE	☐ Change ☐ Addition
NAME	Longfield, Ross N.	2. NAME	
STREET ADDRESS	200 Beneficial Center	3. STREET ADDRESS	
CITY, ST, ZIP	Peapack, NJ	4. CITY, ST, ZIP	
TITLE	V/T/D	21. TITLE	☐ Change ☐ Addition
NAME	Dawson, Elizabeth A.	22. NAME	
STREET ADDRESS	301 N. Walnut St.	23. STREET ADDRESS	
CITY, ST, ZIP	Wilmington, DE 19801	24. CITY, ST, ZIP	
TITLE	V/S/D	31. TITLE	☐ Change ☐ Addition
NAME	Lewis, Janice L.	32. NAME	
STREET ADDRESS	301 N. Walnut St.	33. STREET ADDRESS	
CITY, ST, ZIP	Wilmington, DE 19801	34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), 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 of this filing or on an attachment with an address.

SIGNATURE: *E. A. Dawson* E. A. Dawson, VP & Treasurer 4/24/95 (900) 781-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR