

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

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12065 (9)**  
 1. Corporation Name  
**FRANKLIN FINANCIAL SERVICES CORPORATION**



Principal Place of Business <b>FRANKLIN SQUARE SPRINGFIELD IL 62713</b>	Mailing Address <b>FRANKLIN SQUARE SPRINGFIELD IL 62713</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>11/07/1986</b>	
21		26		4. FEI Number <b>37-0919114</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBONS, ROBERT J	1.2 NAME	William A. Simpson
STREET ADDRESS	#1 FRANKLIN SQUARE	1.3 STREET ADDRESS	#1 Franklin Square
CITY-ST-ZIP	SPRINGFIELD IL 62713	1.4 CITY-ST-ZIP	Springfield, IL 62713 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	OSMONSON, GARY	2.2 NAME	
STREET ADDRESS	#1 FRANKLIN SQ	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDICK, GARY D	3.2 NAME	
STREET ADDRESS	#1 FRANKLIN SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL 62713	3.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	FRIEND, ROSS D	4.2 NAME	
STREET ADDRESS	#1 FRANKLIN SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL 62713	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEUERLEIN, ROBERT M	5.2 NAME	Earl Baucom
STREET ADDRESS	#1 FRANKLIN SQUARE	5.3 STREET ADDRESS	#1 Franklin Square
CITY-ST-ZIP	SPRINGFIELD IL 62713	5.4 CITY-ST-ZIP	Springfield, IL 62713 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	PIRMANN, JEFFREY D	6.2 NAME	
STREET ADDRESS	#1 FRANKLIN SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL 62713	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.

SIGNATURE: *Sandra B. Mortham* **1-26-98**

CR2E034 (10/97)