FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 MAR 28 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001444765
-03/31/95--01038--022
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P27565 (1)

1. Corporation Name

CORESTATES DEALER SERVICES CORP.

Principal Place of Business	Mailing Address
747 DRESHER ROAD, SUITE 100 HORSHAM PA 19044	747 DRESHER ROAD, SUITE 100 HORSHAM PA 19044

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-2580408 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAPLAN, THOMAS J
STREET ADDRESS	16TH & MARKET STREETS, 39TH FLOOR
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	V
NAME	WISMER, WILLIAM J., III
STREET ADDRESS	747 DRESHER ROAD, #100
CITY-ST-ZIP	HORSHAM PA
TITLE	V
NAME	HALL, ROBERT L.
STREET ADDRESS	747 DRESHER RD, #100
CITY-ST-ZIP	HORSHAM PA
TITLE	S
NAME	GIROUX, STEPHEN M.
STREET ADDRESS	16TH & MARKET STS, 39 FL
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	T
NAME	CHILA, DAN A
STREET ADDRESS	16TH & MARKET STREETS, 16TH FLOOR
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	AS
NAME	FLANAGAN, MADELINE
STREET ADDRESS	16TH & MARKET STS, 39 FL
CITY-ST-ZIP	PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	oeA	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	3-28	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 3/13/95 3/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0300050 FP