

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90020 025 ***150.00

DOCUMENT # F97000002044

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

04-2842018

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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)

5/5/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DCPT
JOHNSON, DANIEL R
9 RIVERSIDE OFFICE PARK
WESTON MA 02193

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV
RICHARDS, STEVEN R
9 RIVERSIDE OFFICE PARK
WESTON MA 02193

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CCO
BUTTERFIELD, BARBARA M
9 RIVERSIDE OFFICE PARK
WESTON MA 02193

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CFO
DEAN, BRETT W
9 RIVERSIDE OFFICE PARK
WESTON MA 02193

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

COO
KEMP, HILARY R
9 RIVERSIDE OFFICE PARK
WESTON MA 02193

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
STERN, HOWARD D
9 RIVERSIDE OFFICE PARK
WESTON MA 02193

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Vice President
Nancy MacDonald
9 Riverside Office Park
Weston, MA 02493

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/99

781-647-8700

CR2E034 (1/98)