2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State
05-29-2003 90140 031 ***150.00

DOCUMENT # F02000006312

1. Entity Name
WILMINGTON FINANCE, INC.

Principal Place of Business	Mailing Address
401 PLYMOUTH ROAD. STE. 400 ATTN: CARL LUTZ PLYMOUTH MEETING PA 19462	401 PLYMOUTH ROAD. STE. 400 ATTN: CARL LUTZ PLYMOUTH MEETING PA 19462

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0356097 ☐ Applied For ☐ Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGAN, DANIEL JAMES 401 PLYMOUTH ROAD, STE. 400 PLYMOUTH MEETING PA 19462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSSER, ROBERT ALLEN 1 PARAGON DRIVE, STE. 240 MONT VALE NJ 07645	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Timothy M. Hayes 601 N.W. 2nd ST Evansville, IN 47708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, KARL LOUIS WSFS BANK - 838 MARKET STREET WILMINGTON DE 19801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP CARL P. LUTZ 401 Plymouth Rd Plymouth Meeting, PA 19462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO SCHIANO, JERRY 401 PLYMOUTH ROAD, STE. 400 PLYMOUTH MEETING PA 19462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOENHALS, MARVIN NEIL WSFS BANK - 838 MARKET STREET WILMINGTON DE 19801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ben D. Hendrix 601 N W 2nd ST. Evansville IN 47708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, CLAIBOURNE 317 PENTLAND DRIVE CENTREVILLE DE 19807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director George Roach 196 Riverbend Dr. Charlottesville, VA 22911	☒ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #