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
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804544 (5)

1. Corporation Name
BENEFICIAL MANAGEMENT CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
ONE CHRISTINA CENTER 301 NORTH WALNUT STREET WILMINGTON DE 19801	300 BENEFICIAL CENTER PEAPACK NJ 07977

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1936
3a. Date of Last Report: 04/29/1994

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

4. FEI Number: 51-0003840 ☐ 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FARRIS, DAVID J.	12 NAME	
STREET ADDRESS	301 N. WALNUT ST.	13 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	LEWIS, JANICE L.	22 NAME	
STREET ADDRESS	301 N. WALNUT ST.	23 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	GROHOL, ROBERT M.	32 NAME	
STREET ADDRESS	200 BENEFICIAL CNTR	33 STREET ADDRESS	
CITY ST ZIP	PEAPACK NJ	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	NIEBISCH, MANFRED E.	42 NAME	
STREET ADDRESS	200 BENEFICIAL CNTR	43 STREET ADDRESS	
CITY ST ZIP	PEAPACK NJ	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HEYWOOD, J.C.	52 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	53 STREET ADDRESS	
CITY ST ZIP	PEAPACK NJ	54 CITY ST ZIP	
TITLE	VTD	61 TITLE	☐ Change ☐ Addition
NAME	DAWSON, ELIZABETH A.	62 NAME	
STREET ADDRESS	301 N. WALNUT ST.	63 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	64 CITY ST ZIP	

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5/1/95

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)(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: E. A. Dawson, VP & Treasurer 4/24/95 (908) 781-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0804960 FP