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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified **03/25/1936** 3a. Date of Last Report **03/27/1996**
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

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, DAVID J.	1.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	1.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JANICE L.	2.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	2.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	EXEC. VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROHOL, ROBERT M.	3.2 NAME	MICHAEL J. MAYER
STREET ADDRESS	200 BENEFICIAL CNTR	3.3 STREET ADDRESS	200 BENEFICIAL CENTER
CITY - ST - ZIP	PEAPACK NJ	3.4 CITY - ST - ZIP	PEAPACK, NJ 07977
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIEBISCH, MANFRED E.	4.2 NAME	CHARLES E. HANCE
STREET ADDRESS	200 BENEFICIAL CNTR	4.3 STREET ADDRESS	400 BELLEVUE PARKWAY
CITY - ST - ZIP	PEAPACK NJ	4.4 CITY - ST - ZIP	WILMINGTON, DE 19809
TITLE	EPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYWOOD, J.C.	5.2 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER	5.3 STREET ADDRESS	
CITY - ST - ZIP	PEAPACK NJ	5.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, ELIZABETH A.	6.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	WILMINGTON DE	6.4 CITY - ST - ZIP	

14. I do 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: *E. A. Dawson* **E. A. DAWSON**
VP/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ (908) 781-3381
Daytime Phone _____

CR2E034 (9/96)