

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **832307** (3)  
1. Corporation Name  
**NATIONSBANC FINANCIAL SERVICES CORPORATION**

Principal Place of Business Mailing Address  
**1105 HAMILTON STREET ALLENTOWN PA 18101 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/07/1974** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>58-0538405</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 19B.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAJOR, ROBERT A</b>	1 2 NAME	
STREET ADDRESS	<b>R R 9, MERRYWEATHER DRIVE</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>BETHEHEM PA</b>	1 4 CITY - ST - ZIP	
TITLE	<b>V</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALASCKI, PAUL D</b>	2 2 NAME	
STREET ADDRESS	<b>4410 SPRUCE STREET</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>WHITEHALL PA</b>	2 4 CITY - ST - ZIP	
TITLE	<b>AV</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BODNAR, STEPHEN A</b>	3 2 NAME	
STREET ADDRESS	<b>930 N MUHLENBERG STREET</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALLENTOWN PA</b>	3 4 CITY - ST - ZIP	
TITLE	<b>VT</b>	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELILLI, LAWRENCE</b>	4 2 NAME	
STREET ADDRESS	<b>2078 DENNIS LANE</b>	4 3 STREET ADDRESS	
CITY - ST - ZIP	<b>BETHEHEM PA</b>	4 4 CITY - ST - ZIP	
TITLE	<b>SVS</b>	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAGANO, CARMEN V</b>	5 2 NAME	
STREET ADDRESS	<b>2243 OAKWOOD CT</b>	5 3 STREET ADDRESS	
CITY - ST - ZIP	<b>FOGELSVILLE PA</b>	5 4 CITY - ST - ZIP	
TITLE	<b>AS</b>	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUTZ, LISA A</b>	6 2 NAME	
STREET ADDRESS	<b>343 LUELLA DR</b>	6 3 STREET ADDRESS	
CITY - ST - ZIP	<b>KUTZTOWN PA</b>	6 4 CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **S.A. BODNAR** *S.A. Bodnar* **ASST. VICE PRESIDENT 04/20/95 (610)437-8079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR