

NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 832307 (3)
1. Corporation Name

NATIONSBANC FINANCIAL SERVICES CORPORATION



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

3. Date Incorporated or Qualified: **05/07/1974** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-0538405** 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. 193.032 Florida Statutes: Yes No

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

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: _____

12. OFFICERS AND DIRECTORS	
TITLE	P MAJOR, ROBERT A <input checked="" type="checkbox"/> DELETE
NAME	MAJOR, ROBERT A
STREET ADDRESS	R R 9, MERRYWEATHER DRIVE
CITY- ST- ZIP	BETHLEHEM PA
TITLE	V <input type="checkbox"/> DELETE
NAME	BALASCKI, PAUL D
STREET ADDRESS	4410 SPRUCE STREET
CITY- ST- ZIP	WHITEHALL PA
TITLE	AV <input type="checkbox"/> DELETE
NAME	BODNAR, STEPHEN A
STREET ADDRESS	930 N MUHLENBERG STREET
CITY- ST- ZIP	ALLENTOWN PA
TITLE	VT <input type="checkbox"/> DELETE
NAME	ANGELILLI, LAWRENCE
STREET ADDRESS	2078 DENNIS LANE
CITY- ST- ZIP	BETHLEHEM PA
TITLE	SVS <input type="checkbox"/> DELETE
NAME	PAGANO, CARMEN V
STREET ADDRESS	2243 OAKWOOD CT
CITY- ST- ZIP	FOGELSVILLE PA
TITLE	AS <input type="checkbox"/> DELETE
NAME	LUTZ, LISA A
STREET ADDRESS	343 LUELLA DR
CITY- ST- ZIP	KUTZTOWN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CRAFT, DENNIS L
13 STREET ADDRESS	4520 ALEXANDRA DRIVE
14 CITY- ST- ZIP	COLLEGEVILLE, TX
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	500001871555
63 STREET ADDRESS	-06/21/96--01091--004
64 CITY- ST- ZIP	***200.00

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)(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 607, 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 04/25/96 (610) 437-8079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)