

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 838559 (3)

1. Corporation Name

BENEFICIAL COMMERCIAL CORPORATION



Principal Place of Business

Mailing Address

ONE CHRISTINA CENTER  
301 N. WALNUT ST.  
WILMINGTON DE 19801

300 BENEFICIAL CENTER  
PEAPACK NJ 07977

3. Date Incorporated or Qualified <b>06/08/1977</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>51-0207750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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
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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when new filings

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVORSEN, ANDREW C.	1.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, WHEELER K.	2.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOUGH, THOMAS P.	3.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	
TITLE	AVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENCI, J. LEONORA	4.2 NAME	
STREET ADDRESS	200 BENEFICIAL CNTR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTINGTON, WILLIAM D.	5.2 NAME	
STREET ADDRESS	300 BENEFICIAL CNTR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *W. D. Westington*

W. D. WESTINGTON, TREASURER

3/19/96

(908) 781-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (12/95)