

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005723

FILED
Jan 06, 2004
Secretary of State

Entity Name: EQUITY ONE FINANCIAL SERVICES COMPANY

Current Principal Place of Business:

301 LIPPINCOTT DRIVE
MARLTON, NJ 08053

New Principal Place of Business:

Current Mailing Address:

301 LIPPINCOTT DRIVE
MARLTON, NJ 08053

New Mailing Address:

FEI Number: 36-3618185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, CAMERON E
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: V () Delete
Name: JENKINS, JAMES H
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: V () Delete
Name: MARTELLA, JOHN N
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: V () Delete
Name: FISHER, GREGORY
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

Title: AVAS () Delete
Name: DUNBAR, KIMBERLY
Address: 301 LIPPINCOTT DRIVE
City-St-Zip: MARLTON, NJ 08053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMERON E. WILLIAMS

PD

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date