

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 # F93000000407 (7)

1. Corporation Name

ACB BUSINESS SERVICES, INC.



Principal Place of Business

714 E VAN BUREN ST  
PHOENIX AZ 85006  
US

Mailing Address

714 E VAN BUREN STREET  
PHOENIX AZ 85006  
US

3. Date Incorporated or Qualified  
01/27/1993

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
56-1521207

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 607.1506, 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, if the applicable

(Note: Registered Agent Signature required, with accompanying

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | P                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | GAVEN, JOHN M          |                                            |
| STREET ADDRESS | 714 E VAN BUREN ST     |                                            |
| CITY-STATE-ZIP | PHOENIX AZ             |                                            |
| TITLE          | VT                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | LOCKE, MARTIN S        |                                            |
| STREET ADDRESS | 714 E VAN BUREN ST     |                                            |
| CITY-STATE-ZIP | PHOENIX AZ             |                                            |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MORRISON, TODD A       |                                            |
| STREET ADDRESS | 714 E VAN BUREN STREET |                                            |
| CITY-STATE-ZIP | PHOENIX AZ             |                                            |
| TITLE          | SD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | ABELMAN, HENRY M       |                                            |
| STREET ADDRESS | 111 EAST 30TH STREET   |                                            |
| CITY-STATE-ZIP | NEW YORK NY 10016      |                                            |
| TITLE          | SVPT                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | REISER, CHARLES E      |                                            |
| STREET ADDRESS | 5019 OLD COURSE        |                                            |
| CITY-STATE-ZIP | CHARLOTTE NC 28226     |                                            |
| TITLE          | AS                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | TODD, PATRICIA B       |                                            |
| STREET ADDRESS | 6712 PACES FERRY LN.   |                                            |
| CITY-STATE-ZIP | CHARLOTTE NC 28226     |                                            |

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1. TITLE           | President             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           | Dennis, M. Cunningham |                                                                              |
| 13. STREET ADDRESS | 2253 Northwest Pkwy   |                                                                              |
| 14. CITY-STATE-ZIP | Maricopa, AZ 85139    |                                                                              |
| 2. TITLE           | Exec. VP              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           | John H. Heathcock     |                                                                              |
| 23. STREET ADDRESS | 2253 Northwest Pkwy   |                                                                              |
| 24. CITY-STATE-ZIP | Maricopa, AZ 85139    |                                                                              |
| 3. TITLE           | Greg Bartels          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           | Secretary             |                                                                              |
| 33. STREET ADDRESS | 2253 Northwest Pkwy   |                                                                              |
| 34. CITY-STATE-ZIP | Maricopa, AZ 85139    |                                                                              |
| 4. TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42. NAME           |                       |                                                                              |
| 43. STREET ADDRESS |                       |                                                                              |
| 44. CITY-STATE-ZIP |                       |                                                                              |
| 5. TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52. NAME           |                       |                                                                              |
| 53. STREET ADDRESS |                       |                                                                              |
| 54. CITY-STATE-ZIP |                       |                                                                              |
| 6. TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62. NAME           |                       |                                                                              |
| 63. STREET ADDRESS |                       |                                                                              |
| 64. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR

CR2E034 (12/95)