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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 23 1997 8:00am
Secretary of State

DOCUMENT # F93000000576 (9)

1. Corporation Name

ATLANTIC ALLIANCE FIDELITY AND SURETY COMPANY

Principal Place of Business

100 DOBBS LANE
SUITE 204
CHERRY HILL NJ 08003
US

Mailing Address

PO BOX 205
CHERRY HILL NJ 08034

100 Dobbs Lane, Suite 204
Cherry Hill, NJ 08034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

3a. Date of Last Report

02/29/1996

4. FEI Number

22-2982568

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

08034

Country

25

2a. Mailing Address

26 100 Dobbs Lane

Suite, Apt. #, etc.

27 Suite 204

City & State

28 Cherry Hill, NJ

Zip

29 08034

Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS MACNEIL, RAYMOND R
CITY-ST-ZIP 653 WALLACE DRIVE
WAYNE PA 19087

TITLE ☐ DELETE
NAME D
STREET ADDRESS HESSERT, THOMAS J
CITY-ST-ZIP 803 CHEWS LANDING ROAD
HADDONFIELD NJ 08033

TITLE ☐ DELETE
NAME D
STREET ADDRESS HESSERT, THOMAS J JR
CITY-ST-ZIP 10 GWEN COURT
CHERRY HILL NJ 08034

TITLE ☐ DELETE
NAME D
STREET ADDRESS JOHNSTON, JAMES E JR
CITY-ST-ZIP 15 ALEXA DRIVE
OCEAN VIEW NJ 08230

TITLE ☐ DELETE
NAME D
STREET ADDRESS RICCI, KENNETH C
CITY-ST-ZIP 4302 BLUESTONE ROAD
SOUTH EUCLID OH

TITLE ☐ DELETE
NAME D
STREET ADDRESS SCARBOROUGH, ROBERT K
CITY-ST-ZIP 7 MAPLE LANE
COLLINGSWOOD NJ 08108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Paul L. Marabella
1.3 STREET ADDRESS 3 Schoolhouse Drive
1.4 CITY-ST-ZIP Medford, NJ 08055

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

08/27/97

609-795-5575

CR2E034 (4/97)