

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F93000002902 (5)**

1. Corporation Name

**SERVICE ADMINISTRATORS, INC. (USA)**



Principal Place of Business

**400 BENEFICIAL CENTER  
PEAPACK NJ 07977**

Mailing Address

**300 BENEFICIAL CENTER  
PEAPACK NJ 07977**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**06/18/1993**

3a. Date of Last Report

**03/27/1996**

4. FEI Number

**84-6038195**

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

**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

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	CPD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, DANIEL R	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	COZZA, PATRICK A	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAHNEMAN, LAWRENCE R	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANNAH, DONALD J	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FISHER, LEONARD M	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LUNEMANN, GERARD	
STREET ADDRESS	400 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ 07977	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR.</b>
3.3 STREET ADDRESS	<b>ROBERT S. VOLLOWITZ</b>
3.4 CITY-ST-ZIP	<b>400 BENEFICIAL CENTER</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR</b>
4.3 STREET ADDRESS	<b>LAVERNE R. WOLFANGER</b>
4.4 CITY-ST-ZIP	<b>400 BENEFICIAL CENTER</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ASSISTANT SECRETARY/TREASURER</b>
5.3 STREET ADDRESS	<b>DIRECTOR</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SECRETARY/TREASURER</b>
6.3 STREET ADDRESS	<b>BARBARA L. HILL</b>
6.4 CITY-ST-ZIP	<b>400 BENEFICIAL CENTER</b>
	<b>PEAPACK, NJ 07977</b>

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: *Barbara L. Hill* **BARBARA L. HILL**  
SECRETARY/TREASURER

(908) 781-3381

Date

Daytime Phone

0512020

CR2E034 (9/96)