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 # **F93000005935 (2)**

1. Corporation Name

MAFG SERVICES, INC.

Principal Place of Business	Mailing Address
3000 MIDATLANTIC DRIVE STE 201 MT. LAUREL NJ 08054	3000 MIDATLANTIC DRIVE STE 201 MT. LAUREL NJ 08054

3. Date Incorporated or Qualified: **12/29/1993**
3a. Date of Last Report: **10/03/1995**

2. Principal Place of Business
21: 844 North Leola Road
22 Suite, Apt. #, etc.: Suite 1
23 City & State: Moorestown, N.J.
24 Zip: 08057
25 Country:

2a. Mailing Address
26: 844 North Leola Road
27 Suite, Apt. #, etc.: Suite 1
28 City & State: Moorestown, N.J.
29 Zip: 08057
30 Country:

4. FEI Number: **22-2594020** ☐ 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
PLANATATION 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 607.1504, 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 of New Registered Agent, if changing) (Signature of Former Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	BERINGER, THEODORE A	12 NAME	
STREET ADDRESS	3000 MIDATLANTIC DR., STE 201	13 STREET ADDRESS	844 North Leola Road, Suite 1
CITY-ST-ZIP	MT. LAUREL NJ	14 CITY-ST-ZIP	Moorestown, N.J. 08057
TITLE	V ☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	TORRETTI, RONALD D	22 NAME	
STREET ADDRESS	3000 MIDATLANTIC DR., STE 201	23 STREET ADDRESS	844 North Leola Road, Suite 1
CITY-ST-ZIP	MT. LAUREL NJ	24 CITY-ST-ZIP	Moorestown, N.J. 08057
TITLE	VST ☐ DELETE	31 TITLE	☒ Change ☐ Addition
NAME	LIPSEY, ROBERT S	32 NAME	
STREET ADDRESS	3000 MIDATLANTIC DR., STE 201	33 STREET ADDRESS	844 North Leola Road, Suite 1
CITY-ST-ZIP	MT. LAUREL NJ	34 CITY-ST-ZIP	Moorestown, N.J. 08057
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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: Theodore A. Beringer 1/24/96 (609) 235-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #