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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000088

1. Corporation Name

FRANKLIN ACCEPTANCE CORPORATION

Principal Place	of Business	Maning Address						
ONE INTERNATI	ONAL PLAZA	700 EAST GATE DRIVE	700 EAST GATE DRIVE					
3RD FLOOR		SUITE 400			BO MOT W		00405	
PHILADELPHIA PA 19113		MT. LAUREL NJ 08054			DO NOT WRITE IN THIS SPACE			
US US					Date Incorporated or Qualife	d d		Ī
					01/06/1994			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	-	A	pplied For
	doc of business	⊢ ,			22-2977197		- N	lot Applicable
21 26 Suite Apt # 6		Suite, Apt. #, etc.				_		Additional
		<u> </u>	uite, Apt. #, etc.		5. Certifcate of Status Desired		++	Required
		27						
City & State		City & State	City & State		- 6. Election Campaign Financing	' _□	•	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the cu	rrent year Inta	angible	
24	25	29	10		Personal Property Tax.		☐Yes	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	Agent	`
			81	Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.								
			82	Street /	Address (P.O. Box Number is Not Accep	table)		
1201 HAYS ST.								
SUITE 105			83	\				
TALL	AHASSEE FL 32301		-				Tog Zin	Code
			84	City		FL	85 Zip	Code
11 5	1. M	2 and 607 1509 Elorida Statutos	the abov	o named	corporation submits this statement for th		changing if	ts registered
office or n	egistered agent, or both, in the State :	of Florida. Such change was aut	honzea by	the corpo	oration's board of directors. I hereby acc	ept the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	da Statutes	i				1
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				nt signature r	equired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	RITTER, MICHAEL C		1.2 NAME					
	ONE INTERNATIONAL PLAZA,	SDD ELOOD	4 2 STREET	TADDRESS				
STREET ADDRESS		SAD FLOOR	•					,
CITY-ST-ZIP	PHILADELPHIA PA 19113		1.4 CITY-S	T-ZIP			Change	e
TITLE	S .	☐ DELETE	2.1 TITLE				□ Change	,
NAME	LEMPERT, SPENCER		2.2 NAME					
STREET ADDRESS	700 EAST GATE DRIVE		2.3 STREE	TADORESS				
CITY-ST-ZIP	MT. LAUREL NJ		2. 4 CITY-5	ST-ZIP				. 1
TITLE	T	☐ DELETE	3.1 TITLE				☐ Change	Addition
	l '		3.2 NAME					
NAME	RITTER, MICHAEL C.	ADD #1 00D						}
STREET ADDRESS	ONE INTERNATIONAL PLAZA, :	3KD FLOOR	3.3 STREE	TADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19113		3.4. CITY-5	ST-ZIP				
TITLE	D	DELETE	4.1 TITLE				Change	e ☐ Addition
NAME	BERG, IAN J		4,2 NAME					ļ
STREET ADDRESS:	700 EAST GATE DRIVE		43STRFF	TADDRESS				
1								ļ
CITY-ST-ZIP	MT. LAUREL NJ	☐ DELETE	4.4 CITY-S	1-ZP			Change	e Addition
TITLE	D	□ DEFE IE	5.1 TITLE				C Similar	
NAME	SEKI, TADAYUKI		5.2 NAME					Ì
STREET ADDRESS	335 MADISON AVE.		5.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-9	T-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE				☐ Change	e ☐ Addition
NAME	T		6.2 NAME					ĺ
1	HAKEMIAN, JOHN			TADDRESS				
STREET ANDRESS	COS MAI IINCIN AVE		4.5 \$11VEF		1			1

14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NEW YORK NY 10017