

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000616 (2)**

1. Corporation Name

RELOCATION FINANCIAL SERVICES, INC.



Principal Place of Business

120 LONGWATER DR.
NORWELL MA 02061

Mailing Address

120 LONGWATER DR.
NORWELL MA 02061

3. Date Incorporated or Qualified 02/08/1994	3a. Date of Last Report 06/14/1995
4. FEI Number 04-3075633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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 of the registered agent, or registered agent for the transferee

Signature of Registered Agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEVIDES, JOSEPH V JR.	2. NAME	
STREET ADDRESS	120 LONGWATER DR.	3. STREET ADDRESS	
CITY-STATE-ZIP	NORWELL MA 02061	4. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMP, DANIEL J	2.2 NAME	
STREET ADDRESS	120 LONGWATER DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NORWELL MA 02061	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WALTER R JR.	3.2 NAME	
STREET ADDRESS	120 LONGWATER DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NORWELL MA 02061	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHNS, DOUGLAS A	4.2 NAME	
STREET ADDRESS	120 LONGWATER DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NORWELL MA 02061	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPP, DAVID M	5.2 NAME	
STREET ADDRESS	120 LONGWATER DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NORWELL MA 02061	5.4 CITY-STATE-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ROBERT E	6.2 NAME	
STREET ADDRESS	120 LONGWATER DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	NORWELL MA 02061	6.4 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. 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: *Joseph V. Benevides, Jr.* **JOSEPH V. BENEVIDES, JR.** 1/22/94 8781412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)