

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90130 045 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000000616**

1. Corporation Name  
**RELOCATION FINANCIAL SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number  
**04-3075633**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	BENEVIDES, JOSEPH V JR.	
STREET ADDRESS	120 LONGWATER DR.	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMP, DANIEL J	
STREET ADDRESS	120 LONGWATER DR.	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, WALTER R JR.	
STREET ADDRESS	120 LONGWATER DR.	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOHNS, DOUGLAS A	
STREET ADDRESS	120 LONGWATER DR.	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAPP, DAVID M	
STREET ADDRESS	120 LONGWATER DR.	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	MITCHELL, ROBERT E	
STREET ADDRESS	120 LONGWATER DR.	
CITY-ST-ZIP	NORWELL MA 02061	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Robert E Mitchell **Robert E Mitchell** 1-25-99 781-982-5073  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)