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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 # **F94000003400 (8)**

1. Corporation Name  
**BENEFICIAL ALABAMA, INC.**

Principal Place of Business

**ONE CHRISTINA CENTRE  
301 N. WALNUT ST.  
WILMINGTON DE 19801**

Mailing Address

**ONE CHRISTINA CENTRE  
301 N. WALNUT ST.  
WILMINGTON DE 19801-3974**

3. Date Incorporated or Qualified  
**06/28/1994**

3a. Date of Last Report  
**03/27/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number  
**51-0347555**

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 and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HINSON, WAYNE B</b>	
STREET ADDRESS	<b>1937 E. ATLANTIC BLVD.</b>	
CITY-ST-ZIP	<b>POMPAHO BEACH FL</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAWSON, ELIZABETH A</b>	
STREET ADDRESS	<b>301 N. WALNUT STREET</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, JANICE L</b>	
STREET ADDRESS	<b>301 N. WALNUT STREET</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAWSON, ELIZABETH A</b>	
STREET ADDRESS	<b>301 N WALNUT ST</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JACQUELYN B</b>	
STREET ADDRESS	<b>301 N WALNUT ST</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>STILES, NEAL E</b>	
STREET ADDRESS	<b>300 BENEFICIAL CENTER</b>	
CITY-ST-ZIP	<b>PEAPACK NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ELIZABETH A. DAWSON</b>	
1.3 STREET ADDRESS	<b>301 N. WALNUT ST.</b>	
1.4 CITY-ST-ZIP	<b>WILMINGTON, DE 19801</b>	
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 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:

**ELIZABETH A. DAWSON**  
PRESIDENT

(908) 781-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008308

CR2E034 (9/96)