PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003400

BENEFICIAL ALABAMA, INC.

Principal Place of Business

Mailing Address

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

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90014 032 ***150.00



DO NOT THAT I HE OF ME		DO	NOT	WRITE	IN	THIS	SPAC
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					06/28/1994		Ì		
2. Principal P	Place of Business 2a. Mailing A	ddress			4. FEI Number		Applied For		
	20 Sarden Pol 26 Sa			51-0347555	\Box	Not Applicable			
Suite. Apt.				\$8.75 Add					
22 FHI	i tax Dest 27				5. Certifcate of Status Desired	Fee	Required		
Gity & Stat		ate			6. Election Campaign Financing	- \$5.0	0 May Be		
23 MOS	Dect Heights IL 28				Trust Fund Contribution	Adde	ed to Fees		
Zip	Country Zip	Co	untry						
24 (000	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	30		Personal Property Tax.					
	9. Name and Address of Current Registered Age	nt			10. Name and Address of New Registered A	gent			
			81	Name	·				
CT	CORPORATION SYSTEM		82 Street Address (P.O. Box Number is Not Acceptable)						
1200) SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)						
PLAI	NTATION FL 33324		83						
				0.1		85 2	ip Code		
			84	City	FL	65 4	ip code		
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, F	lorida Statutes, the	above-	named corp	poration submits this statement for the purpose of c	hanging	its registered		
office or r	registered agent, or both, in the State of Florida. Such chair familiar with, and accept the obligations of, Section 60	iange was authorize	a by tr	ne corporation	on's board of directors. I hereby accept the appoint	tment as	s registered		
	im lamiliar with, and accept the obligations of, Section of	77.0000, Flunda 3la	iulos.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registere	d Agent	signature require	ed when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	PD X	DELETE 1,11	ITLE	Pr	residunt 2700 SANDERS RO	AD Chan	ge Addition		
NAME	DAWSON, ELIZABETH A	121	IAME	1 7 -	.O. Gilmer PROSPECT HEIGHT				
STREET ADDRESS		1.3.5	TREETA	ADDRESS	PROOFEGI HEIGHT	JIL U	0070		
CITY-ST-ZIP	WILMINGTON DE		UTY-ST-		. 1				
TITLE	VS X		TTLE		ecretary	☐ Chan	ge X Addition		
NAME	LEWIS. JANICE L	`	AME	<u></u>	S.K. Corth				
STREET ADDRESS	1 111 11 11 111 11 11 11 11 11 11 11 11			ADDRESS .	1.1.				
l	WILMINGTON DE		CITY-ST-		\				
CITY+ST-ZIP	VPT &	_	TILE		(500 St. 50 C	Chan	ge Addition		
NAME		` .	IAME		reasurer	-	•		
,	SMITH, JACQUELYN B	I .		ADDRESS	B, moss, Sr.				
STREET ADDRESS					ì				
CITY-ST-ZIP	WILMINGTON DE		CITY-ST- TILE		10000	Chan	ge Addition		
TITLE		`	NAME		irector		- 7		
NAME	STILES, NEAL E			1-	A. 4020L				
STREET ADDRESS	, 000 000.00 000 000 000 000 000 000 000			ADDRESS	İ				
CITY-ST-ZIP	PEAPACK NJ		TTY-ST-			☐ Chan	ge Addition		
TITLE	_		TTLE JAME		director		** X		
NAME				ADDRESS \	n.A. Deluca				
STREET ADORESS		1							
CITY-ST-ZIP			ITY-ST-			Chr.	no [Daddillon		
TITLE		, 522212	TTLE		est. Secretary 1.5. Winder	Chan	ge Addition		
NAME	,		IAME		1.5. winder J				
STREET ADDRESS	3			ADDRESS					
CITY-ST-ZIP		6.4	CITY-ST-	ZIP					

4. 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 arm an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 (3)

Daytime Phone #

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