FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 10 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004480 (9)

1. Corporation Name
FINANCIAL SERVICES ACQUISITION CORPORATION

Principal Place of Business	Mailing Address
BOX 1124 PONTE VEDRA FL 32004	BOX 1124 PONTE VEDRA FL 32004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: APPLIED FOR 593262968 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when numbering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	SCHARF, GILBERT D	12 NAME	
STREET ADDRESS	812 SPINNAKERS REACH	13 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	14 CITY-ST-ZIP	
TITLE	VDST	21 TITLE	☐ Change ☐ Addition
NAME	SCHARF, MICHAEL J	22 NAME	
STREET ADDRESS	704 SPINNAKERS REACH	23 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN, DENIS	32 NAME	OK
STREET ADDRESS	12 DOWER HOUSE CRESCENT, SOUTHBOROUGH	33 STREET ADDRESS	
CITY-ST-ZIP	KENT TN4 OTT ENGLAND	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	TRANI, SALVATORE J	42 NAME	D FREDERICK B. WHITTEMORE
STREET ADDRESS	22 GLENBY LANE	43 STREET ADDRESS	925 PARK AVE.
CITY-ST-ZIP	BROOKVILLE NY 11545	44 CITY-ST-ZIP	NEW YORK, N.Y. 10028
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KOPP, LARRY S	52 NAME	
STREET ADDRESS	2023 NARROWS VIEW CIRLCE B-213	53 STREET ADDRESS	
CITY-ST-ZIP	GIG HARBOR WA 98335	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BIRCH, WILLIAM	62 NAME	
STREET ADDRESS	1010 FIFTH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10028	64 CITY-ST-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)(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: Gilbert Scharf GILBERT SCHARF 1/20/95 904 285-5110 212 246-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400411 FP