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PROFIT
CORPORATION
ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F94000004481 (7

FILED Apr 28 1997 8:00am Secretary of State

1. Corporale	Vii (Mo) (No							
EXECU	UTIVE CLOSING SERVICE	ES, INC.						
Principal Place of Business Mailing Address								
100 Witmer Road 100 Witmer I					j			
Horshar	m, PA 19044	Horsham, P						
		Attn: Com	pliance	Dept.	3. Date Incorporated or Qualific 8/29/1994	ed 3a. Da 5/1	te of Last	Report
2. Principas l	Place of Business	2a. Mailing Address			4. FEI Number		T A	applied For
1		26			23-2772076			lot Applicable
Saite, Apt	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
2		27	 		5. Cermicate of Status Desired		Fee F	Required
City & Sta	ite	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28	<u>.</u>		Trust Fund Contribution		Added	to Fees
7 p	Country	Zip	Cou	ntry	8. This corporation has liability			s. 199.032
<u> </u>	25	29	30		Florida Statutes	Yes		
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New	Hegistered /	agent	
	_		1	iname				
	poration System	•		82 Street Ad	dress (P.O. Box Number is Not Accep	otable)		
	outh Pine Island Roa	d	ļ	B3		·**· · · · · · · · · · · · · · · · ·		
Planta	tion, FL 33324			-				
			İ	84 City	······································	5 ** p	85 Zip	Code
				_		FL		
14 62 pre i passit	Lto the arowicions of Sections 607.050							
office of	registered agent, or both in the State	of Florida. Such change w	atutes, the at as authorized	ove-named co	rporation submits this statement for the	ne purpose of	changing a treentei	its registered s registered
office or agent 1	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wations of, Section 607.0505	atutes, the at vas authorized 5. Florida Stat	oove-named co by the corpor- utes.	rporation submits this statement for the ation's board of directors. I hereby ac	ne purpose of scept the app	changing ointment a	its registered s registered
agort I	am familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Stat	utes.			changing ointment a	its registered s registered
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Glen W. Snyder

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

(215) 682-1430

Daytme Phone #