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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004481 (7)

1. Corporation Name
EXECUTIVE CLOSING SERVICES, INC.

Principal Place of Business

100 WITMER ROAD
PO BOX 963
HORSHAM PA 19044-0963

Mailing Address

100 WITMER ROAD
ATTN: COMPLIANCE DEPT.
HORSHAM PA 19044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1994	
21	Suite, Apt. #, etc.	26	Corp. Compliance, 100 Witmer	4. FEI Number 23-2772076	Applied For Not Applicable
22	City & State	27	Rd., Box 963	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Horsham, PA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	19044-0963	30	Montgomery
25		29		30	

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
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 typed or printed name of registered agent and title if applicable

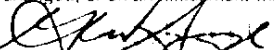
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	O'BRIEN, R M	1.2 NAME	
STREET ADDRESS	100 WITMER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044-0963	1.4 CITY-ST-ZIP	
TITLE	SSVP	2.1 TITLE	
NAME	SNYDER, GLEN W	2.2 NAME	
STREET ADDRESS	100 WITMER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044-0963	2.4 CITY-ST-ZIP	
TITLE	VPAS	3.1 TITLE	
NAME	ANDREWS, JONATHAN P	3.2 NAME	
STREET ADDRESS	100 WITMER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044-0963	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MAINARDI, MARIANNE	4.2 NAME	
STREET ADDRESS	100 WITMER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044-0963	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:



Glen W. Snyder

03/30/98 (215) 682-1548

CR2E034 (10/97)