FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005589 (6)**

1. Corporation Name

MAFG RIA SERVICES, INC.

Principal Place of Business	Mailing Address
3000 MIDLANTIC DR. #201 MT. LAUREL NJ 08054	3000 MIDLANTIC DR. #201 MT. LAUREL NJ 08054

3. Date Incorporated or Qualified: **10/27/1994**
3a. Date of Last Report: **10/12/1995**

4. FEI Number: **22-3203853** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 844 North Leola Road	26 844 North Leola Road
Suite, Apt. #, etc. 22 Suite 1	Suite, Apt. #, etc. 27 Suite 1
City & State 23 Moorestown, N.J.	City & State 28 Moorestown, N.J.
Zip / Country 24 08057 / 25	Zip / Country 29 08057 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	BERINGER, THEODORE A		12 NAME		
STREET ADDRESS	756 MT PLEASANT RD.		13 STREET ADDRESS	844 North Leola Road, Suite 1	
CITY-ST-ZIP	BRYN MAWR PA 19010		14 CITY-ST-ZIP	Moorestown, N.J. 08057	
TITLE	PSD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	LIPSEY, ROBERT S		22 NAME		
STREET ADDRESS	1645 CLOVERLY AVE.		23 STREET ADDRESS	844 North Leola Road, Suite 1	
CITY-ST-ZIP	JENKINTOWN PA 19046		24 CITY-ST-ZIP	Moorestown, N.J. 08057	
TITLE	VT	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	POSTORIVO, LINDA L		32 NAME		
STREET ADDRESS	211 HURFVILLE RD.		33 STREET ADDRESS	844 North Leola Road, Suite 1	
CITY-ST-ZIP	SEWELL NJ 08080		34 CITY-ST-ZIP	Moorestown, N.J. 08057	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: John A. Boyer 1/24/96 (609) 235-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #