

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90133 010 \*\*\*150.00

**DOCUMENT # F95000003796**

1. Entity Name  
**HOMEAMERICAN CREDIT, INC.**



Principal Place of Business  
**111 PRESIDENTIAL BOULEVARD, SUITE 215  
BALA CYNWYD, PA 19004**

Mailing Address  
**PO BOX 982  
BALA CYNWYD, PA 19004**

**54053441**



2. Principal Place of Business  
**100 Penn Square East**

3. Mailing Address  
**P.O. Box 42727**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State  
**Philadelphia, PA**

City & State  
**Philadelphia, PA**

4. FEI Number  
**23-2646780**

Applied For  
☐ Not Applicable

Zip **19107** Country **USA**

Zip **19101** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **DT** ☐ Delete  
NAME **SANTILLI, ANTHONY J JR**  
STREET ADDRESS **111 PRESIDENTIAL BOULEVARD, SUITE 215**  
CITY-ST-ZIP **BALA CYNWYD, PA**

TITLE **VGC** ☐ Delete  
NAME **RUBEN, JEFFREY M**  
STREET ADDRESS **111 PRESIDENTIAL BOULEVARD, SUITE 215**  
CITY-ST-ZIP **BALA CYNWYD, PA**

TITLE **SV** ☐ Delete  
NAME **SANTILLI, BEVERLY**  
STREET ADDRESS **111 PRESIDENTIAL BOULEVARD, SUITE 215**  
CITY-ST-ZIP **BALA CYNWYD, PA 19004**

TITLE **P** ☐ Delete  
NAME **RISEMAN, MILT**  
STREET ADDRESS **111 PRESIDENTIAL BLVD, #215**  
CITY-ST-ZIP **BALA CYNWYD, PA 19004**

TITLE **VP** ☒ Delete  
NAME **AUNGST, RICHARD**  
STREET ADDRESS **111 PRESIDENTIAL BLVD SUITE 215**  
CITY-ST-ZIP **BALA CYNWYD, PA 19004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 Penn Square East**  
CITY-ST-ZIP **Philadelphia, PA 19107**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 Penn Square East**  
CITY-ST-ZIP **Philadelphia, PA 19107**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 Penn Square East**  
CITY-ST-ZIP **Philadelphia, PA 19107**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 Penn Square East**  
CITY-ST-ZIP **Philadelphia, PA 19107**

TITLE ☐ Change ☒ Addition  
NAME **Mike Nixon**  
STREET ADDRESS **100 Penn Square East**  
CITY-ST-ZIP **Philadelphia, PA 19107**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

**Mike Nixon - Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/13/04**

**215-940-4000**