

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90008 032 ***150.00

DOCUMENT # F95000004817 1. Entity Name ADVANTA FINANCE CORP.					
Principal Place of Business WELSH & MCKEAN ROADS PO BOX 844 SPRING HOUSE, PA 19477			Mailing Address WELSH & MCKEAN ROADS PO BOX 844 SPRING HOUSE, PA 19477		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122004 Chg-P CR2E034 (10/03)	
4. FEI Number 23-2778991				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (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 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO ALTER, DENNIS WELSH & MCKEAN RDS PO BOX 844 SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVD BROWNE, PHILIP M. WELSH & MCKEAN RDS, PO BOX 844 SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCPD ROSOFF, WILLIAM A WELSH & MCKEAN RDS, PO BOX 844 SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVCI DIWILLIAMS, LENNY WELSH & MCKEAN RDS, PO BOX 844 SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVS MAI, ELIZABETH H WELSH & MEKEAN RDS, PO BOX 844 SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BRACKEN, WILLIAM WELSH & MCKEAN RDS, PO BOX 844 SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Susan Giusti</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
DATE: <i>1-22-04</i>			DAYTIME PHONE #: <i>215-444-5393</i>		

Advanta

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ADVANTA FINANCE CORP- FL F 95000004817

OFFICERS

NAME: Liane Browne
TITLE: V AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 844
Spring House, PA 19477

NAME: Donna Butz
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 844
Spring House, PA 19477

NAME: Patricia Carroll
TITLE: V AS
ADDRESS: Welsh & McKean Rds
P.O. Box 844
Spring House, PA 19477

NAME: Michael Coco
TITLE: VT
ADDRESS: Welsh & McKean Rds.
P.O. Box 844
Spring House, PA 19477

NAME: David B. Weinstock
TITLE: V CAO
ADDRESS: Welsh & McKean Rds.
P.O. Box 844
Spring House, PA 19477

Attachment

Doc# F95000004817
44004919

NAME: Marci Wilf
TITLE: V CA
ADDRESS: Welsh & McKean Rds.
P.O. Box 844
Spring House, PA 19477

NAME: Susan Giusti
TITLE: AS
ADDRESS: Welsh & McKean Rds
P.O. Box 844
Spring House, PA 19477