

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 10 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. McManam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000005300 (7)

1. Corporation Name
TRI-STAR FINANCIAL SERVICES, INC.

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| Principal Place of Business C/O FREEZMAN & DANASTORG. PLAZA OFFICE CTR 560 FELLOWSHIP RD. #105 MT LAUREL NJ 08054 | Mailing Address C/O FREEZMAN & DANASTORG. PLAZA OFFICE CTR 560 FELLOWSHIP RD. #105 MT LAUREL NJ 08054 |
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DO NOT WRITE IN THIS SPACE

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|---|--|--|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 21 1000 Atrium Way Suite, Apt. #, etc. 22 Suite 100 City & State 23 Mt. Laurel, NJ Zip 24 08054 | | 2a. Mailing Address 26 1000 Atrium Way Suite, Apt. #, etc. 27 Suite 100 City & State 28 Mt. Laurel, NJ Zip 29 08054 | | 3. Date Incorporated or Qualified 10/31/1995 | | 3a. Date of Last Report 03/27/1996 | |
| | | | | 4. FEI Number 22-3239916 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent BLANTON, EDWIN F ESQUIRE 825 THOMASVILLE ROAD TALLAHASSEE FL 32303 | | 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 FL | |
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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 | PCT | 1.1 TITLE | PDC |
| NAME | PELLEGRINI, FRANK V | 1.2 NAME | |
| STREET ADDRESS | 202 SHENANDOAH RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CINNAMINSON NJ 08077 | 1.4 CITY-ST-ZIP | |
| TITLE | VS | 2.1 TITLE | S |
| NAME | PELLEGRINI, JENNIFER | 2.2 NAME | |
| STREET ADDRESS | 202 SHENANDOAH RD | 2.3 STREET ADDRESS | 405 Kirby Way |
| CITY-ST-ZIP | CINNAMINSON NJ 08077 | 2.4 CITY-ST-ZIP | Mt. Laurel, NJ 08054 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 do 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 recorder 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: _____ 9/5/97 609-273-7278

CR2E034 (4/97)