

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 # F95000005656 (2)

1. Corporation Name

ADVANTA AUTO FINANCE CORPORATION



Principal Place of Business

**500 OFFICE CENTER DRIVE
FORT WASHINGTON PA 19034**

Mailing Address

**500 OFFICE CENTER DRIVE
FORT WASHINGTON PA 19034**

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-2826077

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature typed or printed name of said agent, if not applicable

Signature typed or printed name of said agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENAWALT, RICHARD A	
STREET ADDRESS	300 WELSH RD, 5 HORSHAM BUSINESS CENTER	
CITY-ST-ZIP	HORSHAM PA 19034	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLANTE, DAVID E	
STREET ADDRESS	500 OFFICE CENTER DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RISEMAN, MILTON	
STREET ADDRESS	500 OFFICE CENTER DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CASALE, MARK	
STREET ADDRESS	500 OFFICE CENTER DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	SHREERO, JAMES L	
STREET ADDRESS	500 OFFICE CENTER DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GIBBONS, MARY L	
STREET ADDRESS	500 OFFICE CENTER DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Aguirre, Annette	
1.3 STREET ADDRESS	16875 West Bernardo Drive	
1.4 CITY-ST-ZIP	San Diego, CA 92127	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shipe, Kevin	
2.3 STREET ADDRESS	500 Office Center Drive	
2.4 CITY-ST-ZIP	Fort Washington, PA 19034	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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:

Kevin Shipe

KEVIN SHIPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96

(215) 283-4663

DATE PHONE

CR2E034 (12/95)