

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
800 OFFICE CENTER DRIVE  
FORT WASHINGTON PA 19034

Mailing Address  
500 OFFICE CENTER DRIVE  
FORT WASHINGTON PA 19034-9219

FILED  
May 06 1997 8:00am  
Secretary of State



2. Principal Place of Business  
21 Four Horsham Business Center  
300 Welsh Road  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Four Horsham Business Center  
300 Welsh Road  
Suite, Apt. #, etc.

City & State  
23 Horsham, PA

City & State  
28 Horsham, PA

Zip Country  
24 19044

Zip Country  
29 19044

3. Date Incorporated or Qualified  
11/20/1995

3a. Date of Last Report  
05/01/1996

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME GREENAWALT, RICHARD A  
STREET ADDRESS 300 WELSH RD, 5 HORSHAM BUSINESS CENTER  
CITY-ST-ZIP HORSHAM PA 19034

TITLE PD ☐ DELETE  
NAME PLANTE, DAVID E  
STREET ADDRESS 500 OFFICE CENTER DRIVE  
CITY-ST-ZIP FORT WASHINGTON PA 19034

TITLE CD ☐ DELETE  
NAME RISEMAN, MILTON  
STREET ADDRESS 500 OFFICE CENTER DRIVE  
CITY-ST-ZIP FORT WASHINGTON PA 19034

TITLE VT ☒ DELETE  
NAME CASALE, MARK  
STREET ADDRESS 500 OFFICE CENTER DRIVE  
CITY-ST-ZIP FORT WASHINGTON PA 19034

TITLE VAT ☐ DELETE  
NAME SHREERO, JAMES L  
STREET ADDRESS 500 OFFICE CENTER DRIVE  
CITY-ST-ZIP FORT WASHINGTON PA 19034

TITLE AS ☒ 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/T ☐ Change ☒ Addition  
1.2 NAME Dunsheath, Mark  
1.3 STREET ADDRESS 500 Office Center Drive  
1.4 CITY-ST-ZIP Fort Washington, PA 19034

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Plante, David E.  
2.3 STREET ADDRESS Four Horsham Business Center, 300 Welsh Road  
2.4 CITY-ST-ZIP Horsham, PA 19044

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME Chickowski, Robert  
3.3 STREET ADDRESS Four Horsham Business Center, 300 Welsh Road  
3.4 CITY-ST-ZIP Horsham, PA 19044

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME Curran, Christopher  
4.3 STREET ADDRESS Four Horsham Business Center, 300 Welsh Road  
4.4 CITY-ST-ZIP Horsham, PA 19044

5.1 TITLE AS/AT ☐ Change ☒ Addition  
5.2 NAME Heidemann, Scott  
5.3 STREET ADDRESS 500 Office Center Drive  
5.4 CITY-ST-ZIP Fort Washington, PA 19034

6.1 TITLE AS ☐ Change ☒ Addition  
6.2 NAME Shipe, Kevin  
6.3 STREET ADDRESS Four Horsham Business Center, 300 Welsh Road  
6.4 CITY-ST-ZIP Horsham, PA 19044

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 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: [Signature]

CR2E034 (9/96)