

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-07-2004 90133 015 \*\*\*150.00

DOCUMENT # F96000001375

1. Entity Name  
AMERICAN BUSINESS FINANCIAL SERVICES, INC.



Principal Place of Business  
111 PRESIDENTIAL BLVD., #215  
BALA CYNWYD, PA 19004

Mailing Address  
P O BOX 982  
BALA CYNWYD, PA 19004

54053436



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  
87-0411807

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 NAME STREET ADDRESS CITY-ST-ZIP	VP AUNGST, RICHARD 111 PRESIDENTIAL BLVD., STE. 215 BALA CYNWYD, PA 19004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBEN, JEFFREY 111 PRESIDENTIAL BLVD., #215 BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTILLI, BEVERLY 111 PRESIDENTIAL BLVD., #215 BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC SANTILLI, ANTHONY 111 PRESIDENTIAL BLVD., #215 BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, RICHARD 111 PRESIDENTIAL BLVD., #215 BALA CYNWYD, PA 19004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, LEONARD 111 PRESIDENTIAL BLVD., #215 BALA CYNWYD, PA 19004	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mike Nixon 100 Penn Square East Philadelphia, PA 19107	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Penn Square East Philadelphia, PA 19107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Penn Square East Philadelphia, PA 19107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 Penn Square East Philadelphia, PA 19107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond Bucceroni 100 Penn Square East Philadelphia, PA 19107	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Al Man dia 100 Penn Square East Philadelphia, PA 19107	<input checked="" type="checkbox"/> Change <input checked="" 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: X

Mike - Nixon - Treasurer

Date

Daytime Phone #

5/3/04 215-940-4000