

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000001568 (2)**
1. Corporation Name
AMERICAN BUSINESS CREDIT OF PENNSYLVANIA, INC.



Principal Place of Business 111 PRESIDENTIAL BOULEVARD, SUITE 215 BALA CYNWYD PA 19004	Mailing Address 111 PRESIDENTIAL BOULEVARD, SUITE 215 BALA CYNWYD PA 19004
--	--

DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 03/27/1996	
4. FEI Number 23-2493400		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"/>		7. \$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AKERMAN, SENTERFITT & EIDSON, P.A. 216 SOUTH MONROE STREET, SUITE 300 TALLAHASSEE FL 32301-1859		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSVC <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTILLI, BEVERLY	1.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBEN, JEFFREY	2.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	2.4 CITY-ST-ZIP	
TITLE	CFOD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, DAVID	3.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTILLI, ANTHONY JR	4.2 NAME	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 19004	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 *David M. Levin* *David M. Levin* *David M. Levin* *David M. Levin*

CR2E034 (10/97)