

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

000729

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90167 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001568

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

23-2493400

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AKERMAN, SENTERFITT & EIDSON, P.A.
216 SOUTH MONROE STREET, SUITE 300
TALLAHASSEE FL 32301-1859**

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83

SUITE 105

84 City

TALLAHASSEE

85

Zip Code

FL 32301

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

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

ASST. VICE-PRESIDENT

4/25/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SANTILLI, BEVERLY	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	
CITY-STATE-ZIP	BALA CYNWYD PA 19004	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUBEN, JEFFREY	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	
CITY-STATE-ZIP	BALA CYNWYD PA 19004	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVIN, DAVID	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	
CITY-STATE-ZIP	BALA CYNWYD PA 19004	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SANTILLI, ANTHONY JR	
STREET ADDRESS	111 PRESIDENTIAL BOULEVARD, SUITE 215	
CITY-STATE-ZIP	BALA CYNWYD PA 19004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a power of attorney or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

David M Levin **David M Levin SCUP** **4/15/99**

CR2E034 (11/98)