

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

FILED  
Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005069 (7)

1. Corporation Name  
CMAC SERVICE COMPANY

Principal Place of Business  
1801 MARKET STREET  
PHILADELPHIA PA 19103

Mailing Address  
1601 MARKET STREET  
PHILADELPHIA PA 19103-2337



3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report
4. FEI Number 23-1936967	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"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	FILIPPS, FRANK	
STREET ADDRESS	252 RAVENS CLIFF	
CITY- ST- ZIP	ST DAVIDS PA 19087	
TITLE	VSGC	<input type="checkbox"/> DELETE
NAME	SHELLY, TOM	
STREET ADDRESS	3185 S. SMEDLEY STREET	
CITY- ST- ZIP	PHILADELPHIA PA 19145	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	QUINT, BOB	
STREET ADDRESS	207 WINDSOR AVENUE	
CITY- ST- ZIP	MELROSE PARK PA 19128	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FISCHER, PAUL	
STREET ADDRESS	256 GREAT ROAD	
CITY- ST- ZIP	MAPLE SHADE NJ 08052	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MACLEOD, DOUG	
STREET ADDRESS	1226 RIDGEWOOD DRIVE	
CITY- ST- ZIP	BRYN MAWR PA 19010	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEVINE, HAL	
STREET ADDRESS	10785 FAIRMONT VILLAGE DRIVE	
CITY- ST- ZIP	LAKE WORTH FL 33467	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C Robert Quint DATE: 1/7/96 (215) 564-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007815

CR2E034 (9/96)