


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

FILED
Mar 31 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 # F96000005069 (7) 1. Corporation Name CMAC SERVICE COMPANY					
Principal Place of Business 1801 MARKET STREET PHILADELPHIA PA 19103			Mailing Address 1801 MARKET STREET PHILADELPHIA PA 19103		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/02/1996 4. FEI Number 23-1936987 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 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 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 FL	
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILIPPS, FRANK		1.2 NAME		
STREET ADDRESS	252 RAVENS CLIFF		1.3 STREET ADDRESS		
CITY - ST - ZIP	ST DAVIDS PA 19087		1.4 CITY - ST - ZIP		
TITLE	VSGC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELLY, TOM		2.2 NAME		
STREET ADDRESS	3165 S. SMEDLEY STREET		2.3 STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA PA 19145		2.4 CITY - ST - ZIP		
TITLE	CFOV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINT, BOB		3.2 NAME		
STREET ADDRESS	207 WINDSOR AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	MELROSE PARK PA 19128		3.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, PAUL		4.2 NAME		
STREET ADDRESS	256 GREAT ROAD		4.3 STREET ADDRESS		
CITY - ST - ZIP	MAPLE SHADE NJ 08052		4.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACLEOD, DOUG		5.2 NAME		
STREET ADDRESS	1228 RIDGEWOOD DRIVE		5.3 STREET ADDRESS		
CITY - ST - ZIP	BRYN MAWR PA 19010		5.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, HAL		6.2 NAME		
STREET ADDRESS	10795 FAIRMONT VILLAGE DRIVE		6.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH FL 33467		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: <i>[Signature]</i> <i>[Signature]</i> 3/1/98 215-554-6600					

CR2E034 (10/97)