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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 035 ***150.00

0545003

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005069

1. Corporation Name

CMAC SERVICE COMPANY

Principal Place of Business

**1601 MARKET STREET
PHILADELPHIA PA 19103**

Mailing Address

**1601 MARKET STREET
PHILADELPHIA PA 19103**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

23-1936987

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KARLEN, SUSAN
4300 W. CYPRESS, #1075
TAMPA FL 33607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
FILIPPS, FRANK
252 RAVENS CLIFF
ST DAVIDS PA 19087** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSGC
SHELLY, TOM
3165 S. SMEDLEY STREET
PHILADELPHIA PA 19145** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOV
QUINT, BOB
207 WINDSOR AVENUE
MELROSE PARK PA 19126** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
FISCHER, PAUL
256 GREAT ROAD
MAPLE SHADE NJ 08052** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MACLEOD, DOUG
1226 RIDGEWOOD DRIVE
BRYN MAWR PA 19010** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LEVINE, HAL
10795 FAIRMONT VILLAGE DRIVE
LAKE WORTH FL 33467** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VSGC
Varuss, Howard
328 S. Smedley St.
Philadelphia, PA 19103** ☐ Change ☒ Addition

**15 Pikes Way
Cheltenham, PA 19012** ☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (215) 564-6600

Date

Daytime Phone #

0545003 11108