

2001 UNIFORM BUSINESS REPORT (UBR) 112

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90211 009 ***150.00

DOCUMENT # F97000003939

1. Entity Name

ACE INA FINANCIAL INSTITUTION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1601 Chestnut St
 TC 305
 Phila, PA 19103

1601 Chestnut St
 TC 305
 Phila, PA 19103

2. Principal Place of Business

3. Mailing Address

1601 Chestnut St
 Suite, Apt. #, etc. TC 305

Suite, Apt. #, etc.

TC 305

City & State

City & State

Zip

19103

Country

Zip

19103

Country

4. FEI Number

33-3088435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete 1601 CHESTNUT STREET PHILADELPHIA PA 19192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete 1601 CHESTNUT STREET PHILADELPHIA PA 19192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete 1601 CHESTNUT STREET PHILADELPHIA PA 19192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete 1601 CHESTNUT STREET PHILADELPHIA PA 19192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete 1601 CHESTNUT STREET PHILADELPHIA PA 19192
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete 1601 CHESTNUT STREET PHILADELPHIA PA 19192

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael R. Mals <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael R. Mals <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George D. Mulligan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James T. Ford <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert J. Giarrusso <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin J. Gentlemen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19103

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James T. Ford

James T. Ford

4/11/2001 315-640-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #