FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00 JAN 6, 1998

APPROVED AND FILED
98 MAY 26 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000003975 (6)**

1. Corporation Name
BENEFICIAL GEORGIA INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
301 N. WALNUT ST WILMINGTON DE 19801	301 N. WALNUT ST WILMINGTON DE 19801

3. Date Incorporated or Qualified: **07/28/1997**
4. FEI Number: **51-0102292** ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 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	PD	☐ DELETE
NAME	ROSESKI, MICHAEL J	
STREET ADDRESS	3714 SMOKE HICKORY LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	V	☐ DELETE
NAME	KLESSE, RICHARD C	
STREET ADDRESS	10 OAKHILL RD	
CITY-ST-ZIP	NESHANIC STATION NJ	
TITLE	VD	☐ DELETE
NAME	COX, FREEMAN W	
STREET ADDRESS	3903 APPLEGATE CIRCLE	
CITY-ST-ZIP	BRANDEN FL 33511	
TITLE	VTD	☐ DELETE
NAME	DAWSON, ELIZABETH A	
STREET ADDRESS	6 VAN DYKE DR	
CITY-ST-ZIP	NEW CASTLE DE 19720	
TITLE	V	☐ DELETE
NAME	DINZEO, LOUIS J	
STREET ADDRESS	3487 IVY LANE	
CITY-ST-ZIP	MURRAYSVILLE PA	
TITLE	VSD	☐ DELETE
NAME	LEWIS, JANICE L	
STREET ADDRESS	810 E. BASIN RD, SCHOOLSIDE APTS., E-3	
CITY-ST-ZIP	NEW CASTLE DE 19720	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	000002537390--3	
1.3 STREET ADDRESS	-05/27/98--01096--011	
1.4 CITY-ST-ZIP	***2850.00 ****150.00	
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	5/26	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 E.A. Dawson VP