FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:02

DOCUMENT # **H13265** **(4)**

1. Corporation Name

FIRSTATE SERVICE CORP.

Principal Place of Business	Mailing Address
255 S. ORANGE AVE (32801) P O BOX 2953 ORLANDO FL 32802	255 S. ORANGE AVE (32801) P O BOX 2953 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1984
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 59-2446576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ABBOTT, EDWARD L
255 S ORANGE AVE
STE 1200
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	GREENBERG, ARTHUR A	12 NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
TITLE	PDCE	21 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, EDWARD L	22 NAME		
STREET ADDRESS	255 S ORANGE AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	TVSG	31 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JOHN W	32 NAME		
STREET ADDRESS	255 S ORANGE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
~~TITLE~~	~~DV~~	41 TITLE	D	☒ Change ☐ Addition
~~NAME~~	~~KINCAID, RICHARD D.~~	42 NAME	Calian, Philip C.	
~~STREET ADDRESS~~	~~TWO NORTH RIVERSIDE PLAZA~~	43 STREET ADDRESS	Two North Riverside Plaza	
~~CITY-ST-ZIP~~	~~CHICAGO IL~~	44 CITY-ST-ZIP	Chicago, IL	
TITLE	DV	51 TITLE	D	☐ Change ☒ Addition
NAME	WHITE, WILLIAM T. III	52 NAME	Weingarten, Richard I.	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	53 STREET ADDRESS	1400 Lake Heron Drive, Ste 130	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	Atlanta, GA	
~~TITLE~~	~~AS~~	61 TITLE	AS	☒ Change ☐ Addition
~~NAME~~	~~GRUBER, DEBEY A~~	62 NAME	Stark-Derais, Lynne	
~~STREET ADDRESS~~	~~255 S ORANGE AVE., STE 1200~~	63 STREET ADDRESS	255 S. Orange Avenue, Ste 1200	
~~CITY-ST-ZIP~~	~~ORLANDO FL~~	64 CITY-ST-ZIP	Orlando, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ John W. Martin 4/4/95 (407)841-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #