FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

FIRSTATE SERVICE CORP.

Principal Place of Business

255 S. ORANGE AVE (32801)
P O BOX 2953
ORLANDO FL 32802

Mailing Address

255 S. ORANGE AVE (32801)
P O BOX 2953
ORLANDO FL 32802

3. Date Incorporated or Qualified: 07/20/1984

3a. Date of Last Report: 04/10/1995

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 ☒ — $8.75 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: Name of Registered Agent (typed or printed) — Name of Registered Agent (signature required) — DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PDCE	☐ DELETE
NAME	ABBOTT, EDWARD L.	
STREET ADDRESS	255 S ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TVSC	☐ DELETE
NAME	MARTIN, JOHN W	
STREET ADDRESS	255 S ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	CALIAN, PHILIP C.	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	☐ DELETE
NAME	WHITE, WILLIAM T. III	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	☐ DELETE
NAME	STARK-DERAIS, LYNNE	
STREET ADDRESS	255 S ORANGE AVE., STE 1200	
CITY-ST-ZIP	ORALANDO FL	

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		

CR2E034 (12/95)

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)(k), 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 — 2/2/96 — 407/841-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #