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

APPROVED AND FILED

95 FEB -1 AM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35322 (7)

1. Corporation Name
TRUST AMERICA SERVICE CORP.

Principal Place of Business	Mailing Address
1700 - 66TH ST. NORTH SUITE 301 ST PETERSBURG FL 33743-1030	1700 - 66TH ST. NORTH SUITE 301 ST PETERSBURG FL 33743-1030

000001402000
-02/09/95--01073--006
****800.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1984
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 TWO UNIVERSITY PLAZA
Suite, Apt. #, etc.
22
23 HACKENSACK NJ
24 Zip 07602 25 Country USA

2a. Mailing Address
26 TWO UNIVERSITY PLAZA
Suite, Apt. #, etc.
27
28 HACKENSACK, NJ
29 Zip 07602 30 Country USA

4. FEI Number: 59-1733827 59-2620160 ☐ 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

PRIETO, ANGELO
1700 66TH ST. N.
STE 301
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 SOUTH PINE ISLAND ROAD
84 City PLANTATION FL 85 Zip Code 33324

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: TIMOTHY E. CARLSON
ASSISTANT SECRETARY
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☑ Change ☐ Addition
NAME	PRIETO, ANGELO C.	12 NAME	
STREET ADDRESS	1700-66TH STREET N.	13 STREET ADDRESS	TWO UNIVERSITY PLAZA
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	HACKENSACK, NJ 07601
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	DAVIS, STEWART E	22 NAME	
STREET ADDRESS	1700 66TH ST. N.	23 STREET ADDRESS	1014 WOODLIEF TRAIL
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	ROUND ROCK, TX 78664
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HODGE, HENLEY CUSTIS IV	32 NAME	
STREET ADDRESS	2500 NORTH TOWER	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	HOGE, HENLEY CUSTIS IV	42 NAME	DELETE -
STREET ADDRESS	2500 NORTH TOWER	43 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	T.S. 2/01/95
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: [signature] 1/19/95 (201) 489-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
ANGELO C. PRIETO

0300550 CP