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 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H94123** **(7)**

1. Corporation Name

BANNER FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 300 W SERVICE RD., P.O. BOX 10603 CHANTILLY VA 22021-6998	% C T CORPORATION SYSTEM 300 W SERVICE RD., P.O. BOX 10603 CHANTILLY VA 22021-6998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2616916	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	☐ Change ☐ Addition
NAME	ALCOX, MICHAEL T.	12 NAME	
STREET ADDRESS	300 W SERVICE RD	13 STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA	14 CITY-ST-ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	KRASNEY, SAMUEL J.	22 NAME	
STREET ADDRESS	25700 SCIENCE PARK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☒ Change ☐ Addition
NAME	~~JACKSON, JOHN, D~~	32 NAME	Donald E. Miller
STREET ADDRESS	300 W SERVICE RD	33 STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	STEINER, JEFFREY J.	42 NAME	
STREET ADDRESS	300 W SERVICE RD	43 STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	FLYNN, JOHN, L	52 NAME	
STREET ADDRESS	300 W SERVICE RD	53 STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA	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 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: J C F L JOHN FLYNN, VP 4/28/95 (703)478-5908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0389873 FP