

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **J01118** (5)

1. Corporation Name
MIDLANTIC FINANCIAL SERVICES CORP.

Principal Place of Business
**1601 BELVEDERE ROAD
SUITE 110, EAST TOWER
WEST PALM BEACH FL 33406**

Mailing Address
**C/O BERNADETTE ESPOSITO
1800 MARKET STREET 28TH FLOOR
PHILADELPHIA PA 19103-7201
US**

3. Date Incorporated or Qualified **02/26/1986** 3a. Date of Last Report **08/07/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 22-2699197	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAULSON, GARY JAY	1.2 NAME	GARY JAY SAULSON
STREET ADDRESS	ONE PNC PLAZA	1.3 STREET ADDRESS	ONE PNC PLAZA
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	PITTSBURGH, PA. 15222
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, FRANK	2.2 NAME	FRANK R. WALTERS
STREET ADDRESS	ONE PNC PLAZA	2.3 STREET ADDRESS	ONE PNC PLAZA
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	PITTSBURGH, PA. 15222
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNO, JAMES R.	3.2 NAME	JAMES R. LANNO
STREET ADDRESS	ONE PNC PLAZA	3.3 STREET ADDRESS	ONE PNC PLAZA
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	PITTSBURGH, PA. 15222
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAPH, JOSEPH V J	4.2 NAME	CHARLES E. POSCI
STREET ADDRESS	499 THORNALL ST	4.3 STREET ADDRESS	TWO TOWER CTR.
CITY-ST-ZIP	EDISON NJ	4.4 CITY-ST-ZIP	EAST BRUNSWICK NJ. 08816
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DEBORAH A. BARON
STREET ADDRESS		5.3 STREET ADDRESS	ONE PNC PLAZA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PITTSBURGH, PA. 15222
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	DENNIS W. HARTMAN
STREET ADDRESS		6.3 STREET ADDRESS	ONE PNC PLAZA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PITTSBURGH, PA. 15222

14. I do 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNADETTE M. ESPOSITO SECRETARY

Date

1/28/97

Daytime Phone #

(615) 585-6429

CR2E034 (9/96)

MIDLANTIC FINANCIAL SERVICES CORP. - OFFICERS CONTINUED

VP

**Dale Marrison
One PNC Plaza
Pittsburgh, Pa. 15222**

T

**Linda Chomos
One PNC Plaza
Pittsburgh, Pa. 15222**

S

**Bernadette M. Esposito
PNC Bank
1600 Market St., 28th floor
Phila., Pa. 19103**

AS

**Michael Balent
PNC Bank
1600 Market St., 28th floor
Phila., Pa. 19103**

AS

**Judy A. Bruno
One PNC Plaza
Pittsburgh, Pa. 15222**

AS

**Mary E. Burgwinkle
499 Thornall St. Two Tower Center
Edison, NJ 08837 EAST BRUNSWICK, NJ 08816**

AS

**Victor M. DiBattista
One PNC Plaza
Pittsburgh, Pa. 15222**