

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 # P05693 (7)

1. Corporation Name

~~XVOVEST FINANCIAL SERVICES INC.~~
SOCIETY FUNDING CORPORATION

Principal Place of Business

54 STATE ST
ALBANY NY 12207
US

Mailing Address

P O BOX 655
127 PUBLIC SQ 13TH FLOOR
ALBANY NY 12201
US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address	
21		26	54 STATE ST, 9TH FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	ACCT RECONCILIATION SVCS
City & State		City & State	
23		28	ALBANY NY
Zip	Country	Zip	Country
24		29	12207
		30	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/16/1985	05/31/1995
4. FEI Number	Applied For
31-1046643	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature typed or printed name of registered agent (if not applicable)

(If the Registered Agent signature required when filing this report)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFERT, FREDERICK E	1.2 NAME	
STREET ADDRESS	54 STATE ST	1.3 STREET ADDRESS	300001884343
CITY-STATE-ZIP	ALBANY NY	1.4 CITY-STATE-ZIP	-07/05/96--01005--001
TITLE	EVP	2.1 TITLE	****260.00 ****225.00
NAME	FITZGIBBONS, J. M	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	54 STATE ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ALBANY NY	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZEWICH, JAMES E	3.2 NAME	
STREET ADDRESS	54 STATE ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ALBANY NY	3.4 CITY-STATE-ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHELL, JAMES A.	4.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEVELAND OH	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, ERIC P	5.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEVELAND OH	5.4 CITY-STATE-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZ, STUART A.	6.2 NAME	
STREET ADDRESS	127 PUBLIC SQUARE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEVELAND OH	6.4 CITY-STATE-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)(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 in the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. MICHAEL FITZGIBBONS

SR V.P.

JAN 30, 1996 (518) 487-4709

Date Daytime Phone #

CR2E034 (12/95)