

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

FILED
96 JUN 26 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05693 (7)

1. Corporation Name
~~XYOVEST 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**

3. Date Incorporated or Qualified: **04/16/1985**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **31-1046643**
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

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

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: _____ (NOTE: Registered Agent signature required when changing office or agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGIBBONS, J. M	2.2 NAME	
STREET ADDRESS	54 STATE ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ALBANY NY	2.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	

SP 6/26/96

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 change of officer or director attachment with an address).

SIGNATURE: *[Signature]* **SR V.P.** **JAN 30, 1996** **(518) 487-4709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **J. MICHAEL FITZGIBBONS**

CR2E034 (12/95)