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 MAR 22 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08729 (6)

1. Corporation Name
COVENANT SECURITIES, INC.

Principal Place of Business	Mailing Address
1050 WESTLAKES DR. WESTLAKES DR. PA 19312	~~P.O. BOX 1717~~ ~~VALLEY FORGE PA 19482~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1986
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business	26 2a. Mailing Address: P.O. Box 7378	4. FEI Number: 23-2326859	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: Phila, PA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip: 19101 / 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	Operations	☒ Change ☒ Addition
NAME	COLLINELLI, STEPHEN	1.2 NAME	Louis A. Aviola	
STREET ADDRESS	1532 JAMES ROAD	1.3 STREET ADDRESS	1600 Market St	
CITY-ST-ZIP	WYNNEWOOD PA	1.4 CITY-ST-ZIP	Phila., PA 19103	
TITLE	DT	2.1 TITLE	Treasurer	☒ Change ☒ Addition
NAME	KESTNER, JAMES	2.2 NAME	Rosanne Gatta	
STREET ADDRESS	1111 WOODEEL WAY	2.3 STREET ADDRESS	1600 Market St.	
CITY-ST-ZIP	MECLRA PA 19063	2.4 CITY-ST-ZIP	Phila., PA 19103	
TITLE	P	3.1 TITLE	President	☒ Change ☒ Addition
NAME	NAYLOR, ALISON C.	3.2 NAME	Lance R. Reihl	
STREET ADDRESS	262 DRUMMER'S LANE	3.3 STREET ADDRESS	1600 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	Phila., PA 19103	
TITLE	VD	4.1 TITLE	Director	☒ Change ☒ Addition
NAME	WOOD, CHARLES W	4.2 NAME	Robert S. Johnson	
STREET ADDRESS	22 JAMES THOMAS RD	4.3 STREET ADDRESS	1600 Market St.	
CITY-ST-ZIP	MALVERN PA	4.4 CITY-ST-ZIP	Phila, PA 19103	
TITLE	C	5.1 TITLE		☐ Change ☐ Addition
NAME	KLOSS, ROBERT W.	5.2 NAME		
STREET ADDRESS	185 COUNTRY LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIXVILLE PA 19460	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	Secretary	☒ Change ☒ Addition
NAME	TINARELOINSKI, EUGENE M	6.2 NAME	Linda E. Senker	
STREET ADDRESS	2 STUART DR.	6.3 STREET ADDRESS	1600 Market St.	
CITY-ST-ZIP	MALVERN PA 19355	6.4 CITY-ST-ZIP	Phila., PA 19103	

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: Rosanne Gatta 3/8/95 (215) 636-8369
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rosanne Gatta

0474283 FP