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 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09061 (3)

1. Corporation Name
CITIZENS MORTGAGE SERVICE COMPANY

Principal Place of Business	Mailing Address
500 OFFICE CENTER DR. SUITE 120 FT. WASHINGTON PA 19034 US	500 OFFICE CENTER DR. SUITE 120 FT. WASHINGTON PA 19034 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1986
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 23-1926651 ☐ Applied For ☐ Not Applicable

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

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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCDADE, JOSEPH B.	1.2 NAME	
STREET ADDRESS	3812 BROOKVIEW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, JAMES A	2.2 NAME	
STREET ADDRESS	101 HILLDALE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHELTENHAM PA	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	☐ Change ☐ Addition
NAME	STEINBERG, DENA R.	3.2 NAME	
STREET ADDRESS	1171 BELLE MEAD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARMINSTER PA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEBERGER, JOSEPH	4.2 NAME	
STREET ADDRESS	60 HIRST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	E. LANSDOWNE PA	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	☐ Change ☐ Addition
NAME	RUNCO, SAMUEL R	5.2 NAME	
STREET ADDRESS	409 CHURCHILL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BERWYN PA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	FEENY, GERALDINE M	6.2 NAME	
STREET ADDRESS	14 TERMINAL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ERDENHEIM PA	6.4 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: James A Rogers 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306032 FP