

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 7-3-96

B-7508 C

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

3. Date Incorporated or Qualified

02/12/1986

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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

Signature type for principal or registered agent as applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MCDADE, JOSEPH B.
STREET ADDRESS 3812 BROOKVIEW ROAD
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME ROGERS, JAMES A
STREET ADDRESS 101 HILLDALE RD
CITY-ST-ZIP CHELTENHAM PA ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE AT
NAME STEINBERG, DENA R.
STREET ADDRESS 1171 BELLE MEAD DR.
CITY-ST-ZIP WARMINSTER PA ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP
NAME SCHNEBERGER, JOSEPH
STREET ADDRESS 60 HIRST AVENUE
CITY-ST-ZIP E. LANSLOWNE PA ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP
NAME RUNCO, SAMUEL R
STREET ADDRESS 409 CHURCHILL DRIVE
CITY-ST-ZIP BERWYN PA ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME FEENY, GERALDINE M
STREET ADDRESS 14 TERMINAL AVENUE
CITY-ST-ZIP ERDENHEIM PA ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven P. Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN P. STRAUSS, TREASURER

6/24/96

(215) 540-0320

CR2E034 (3/96)