


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12065 (9) 1. Corporation Name FRANKLIN FINANCIAL SERVICES CORPORATION					
Principal Place of Business FRANKLIN SQUARE SPRINGFIELD IL 62713			Mailing Address FRANKLIN SQUARE SPRINGFIELD IL 62713		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 11/07/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 37-0919114	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	CEOC	<input checked="" type="checkbox"/> DELETE			
NAME	GIBBONS, ROBERT J				
STREET ADDRESS	#1 FRANKLIN SQUARE				
CITY-ST-ZIP	SPRINGFIELD IL 62713				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	OSMONSON, GARY				
STREET ADDRESS	#1 FRANKLIN SQ				
CITY-ST-ZIP	SPRINGFIELD IL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	REDDICK, GARY D				
STREET ADDRESS	#1 FRANKLIN SQUARE				
CITY-ST-ZIP	SPRINGFIELD IL 62713				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	FRIEND, ROSS D				
STREET ADDRESS	#1 FRANKLIN SQUARE				
CITY-ST-ZIP	SPRINGFIELD IL 62713				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	BEUERLEIN, ROBERT M				
STREET ADDRESS	#1 FRANKLIN SQUARE				
CITY-ST-ZIP	SPRINGFIELD IL 62713				
TITLE	VPT	<input checked="" type="checkbox"/> DELETE			
NAME	PIRMANN, JEFFREY D				
STREET ADDRESS	#1 FRANKLIN SQUARE				
CITY-ST-ZIP	SPRINGFIELD IL 62713				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	William A. Simpson				
1.3 STREET ADDRESS	#1 Franklin Square				
1.4 CITY-ST-ZIP	Springfield, IL 62713	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Vice Chairman				
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	Treasurer and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Earl Baucom				
5.3 STREET ADDRESS	#1 Franklin Square				
5.4 CITY-ST-ZIP	Springfield, IL 62713	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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:

Sandra B. Mortham

1-26-98

CR2E034 (10/97)