

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 APR 17 PH 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P17442 (5)**  
1. Corporation Name  
**Advanta Business Services Corp.**

Principal Place of Business      Mailing Address  
**1020 Laurel Oak Rd.      1020 Laurel Oak Rd.**  
**P. O. Box 1228              P. O. Box 1228**  
**Voorhees NJ 08043-1228    Voorhees NJ 08043-1228**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/30/87	04/13/94
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		23-2333786	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
The Prentice-Hall Corporation System 1201 Hayes Street Suite 105 Tallahassee, FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	B5	Zip Code
				FL			

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lindenberg, Albert E.	1.2 NAME	
STREET ADDRESS	1020 Laurel Oak Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Voorhees NJ 08043	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alter, Dennis	2.2 NAME	
STREET ADDRESS	300 Welsh Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Horsham PA 19044	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenawalt, Richard A.	3.2 NAME	
STREET ADDRESS	300 Welsh Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Horsham PA 19044	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shivers, Gary R.	4.2 NAME	
STREET ADDRESS	1020 Laurel Oak Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Voorhees NJ 08043	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kester, Gary	5.2 NAME	
STREET ADDRESS	1020 Laurel Oak Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Voorhees NJ 08043	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Witt, Michael J.	6.2 NAME	
STREET ADDRESS	1020 Laurel Oak Rd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Voorhees NJ 08043	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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 4a or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  M.J. Witt      4/11/95      (609) 782-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number) X274