

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

FILED

**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P17442 (5)
1. Corporation Name
Advanta Business Services Corp.

Principal Place of Business 1020 Laurel Oak Rd. P. O. Box 1228 Voorhees, NJ 08043	Mailing Address 1020 Laurel Oak Rd. P. O. Box 1228 Voorhees, NJ 08043
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/30/87	3a. Date of Last Report 04/18/96
4. FEI Number 23-2333786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**The Prentice-Hall Corporation System
1201 Hayes Street
Suite 105
Tallahassee, FL 32301**

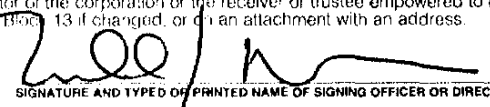
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number, if applicable)
**610004152518
-04/23/97--01100--013
***165.00**
83
84 City
FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	<input type="checkbox"/> DELETE	1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lindenberg, Albert E.		1.2 NAME Dyer, Daniel P.	
STREET ADDRESS 1020 Laurel Oak Rd.		1.3 STREET ADDRESS 1020 Laurel Oak Rd.	
CITY-ST-ZIP Voorhees, NJ 08043		1.4 CITY-ST-ZIP Voorhees, NJ 08043	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alter, Dennis		2.2 NAME Wesselink, David D.	
STREET ADDRESS Welsh & McKean Roads		2.3 STREET ADDRESS Welsh & McKean Roads	
CITY-ST-ZIP Spring House, PA 19477		2.4 CITY-ST-ZIP Spring House, PA 19477	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alex W. Hart		3.2 NAME Fore, George	
STREET ADDRESS Welsh & McKean Roads		3.3 STREET ADDRESS 1020 Laurel Oak Rd.	
CITY-ST-ZIP Spring House, PA 19477		3.4 CITY-ST-ZIP Voorhees, NJ 08043	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Shivers, Gary R.		4.2 NAME Raffensperger, James	
STREET ADDRESS 1020 Laurel Oak Rd.		4.3 STREET ADDRESS 1020 Laurel Oak Rd.	
CITY-ST-ZIP Voorhees, NJ 08043		4.4 CITY-ST-ZIP Voorhees, NJ 08043	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kester, Gary		5.2 NAME Michael J. Rehling	
STREET ADDRESS 1020 Laurel Oak Rd.		5.3 STREET ADDRESS 1020 Laurel Oak Rd.	
CITY-ST-ZIP Voorhees, NJ 08043		5.4 CITY-ST-ZIP Voorhees, NJ 08043	
TITLE V/S	<input type="checkbox"/> DELETE	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Witt, Michael J.		6.2 NAME Anthony Ninetto, Jr.	
STREET ADDRESS 1020 Laurel Oak Rd.		6.3 STREET ADDRESS 1020 Laurel Oak Rd.	
CITY-ST-ZIP Voorhees, NJ 08043		6.4 CITY-ST-ZIP Voorhees, NJ 08043	

14. I do 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:  **M. J. Witt** **4/17/97** **(609) 782-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo Phone # **X3274**

CR2E034 (9/96)