


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90008 031 ***150.00

DOCUMENT # P17442

1. Entity Name:
ADVANTA BUSINESS SERVICES CORP.



Principal Place of Business: **1020 LAUREL OAK ROAD
 VOORHEES, NJ 08043**


Mailing Address: **WELSH & MCKEAN ROADS
 P.O. BOX 844
 SPRING HOUSE, PA 19477**

2. Principal Place of Business: Suite, Apt. #, etc.:
 3. Mailing Address: Suite, Apt. #, etc.:

City & State: Zip: Country:

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 SUITE 105
 TALLAHASSEE, FL 32301**



01122004 Chg-P CR2E034 (10/03)

4. FEI Number: **23-2333786**

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC NAME: ALTER, DENNIS STREET ADDRESS: P.O. BOX 844 CITY-ST-ZIP: SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DCFO NAME: BROWNE, PHILIP M STREET ADDRESS: P.O. BOX 844 CITY-ST-ZIP: SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: ROSOFF, WILLIAM A STREET ADDRESS: P.O. BOX 844 CITY-ST-ZIP: SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SV NAME: DIWILLIAMS, LENNY STREET ADDRESS: P.O. BOX 844 CITY-ST-ZIP: SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MAI, ELIZABETH H STREET ADDRESS: P.O. BOX 844 CITY-ST-ZIP: SPRING HOUSE, PA 19477	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SV NAME: BLACKMON, LARRY STREET ADDRESS: 40 E. CLEMENTON ROAD CITY-ST-ZIP: GIBBSBORO, NJ 08026	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Susan Giusti Susan Giusti 1-22-04 215-444-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment Doc # P17442
44004920

Advanta Business Services Corp. FL Annual Report P17442

OFFICERS

NAME: Michael Coco
TITLE: VPT
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Lisa Fleischer
TITLE: GC/ Leasing and AS
ADDRESS: 1020 Laurel Oak Road
Voorhees, NJ 08043

NAME: Mike Paschal
TITLE: VP
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: James K. Simon
TITLE: VP
ADDRESS: 1020 Laurel Oak Road
Voorhees, NJ 08043

NAME: Lakshmi Venkataswamy
TITLE: VP
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: David Weinstock
TITLE: VP CAO
ADDRESS: Welsh & McKean Roads
P.O. Box 918
Spring House, PA 19477

NAME: Marcia M. Wilf
TITLE: VP
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

Attachment *Dist* P17442
44004920

NAME: Susan McVeigh
TITLE: AT
ADDRESS: 11850 South Election Road
Draper, UT 84020

NAME: Mark Shapiro
TITLE: AT
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Donald Albert
TITLE: AT
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Susan Giusti
TITLE: AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477