FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18356** **(6)**

1. Corporation Name
CODORUS ACCEPTANCE CORPORATION

Principal Place of Business
631 S. RICHLAND AVE
YORK PA 17403
US

Mailing Address
P.O. BOX 1592-364E
YORK PA 17405
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 23-2464978 — 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
CT CORPORATION SYSTEM
1200 S. 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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, J. P.	1.2 NAME	
STREET ADDRESS	317 W. TIMONIUM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DUCRAY, D.T.	2.2 NAME	
STREET ADDRESS	1221 WOODLAND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KING, R.A.	3.2 NAME	
STREET ADDRESS	1007 CHAPEL FORGE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	☒ Change ☐ Addition
NAME	NAYLOR, W. M.	4.2 NAME	
STREET ADDRESS	RD 1 BOX 1288-C	4.3 STREET ADDRESS	Deleted
CITY-ST-ZIP	SPRING GROVE PA	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	☐ Change ☐ Addition
NAME	LIMM, J. C.	5.2 NAME	
STREET ADDRESS	1124 DETWILER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	YORK PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. A. King, Secretary — 1/11/95 — (717) 771-6273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04M312 FN