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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### 1999 DOCUMENT # P18356 1. Corporation Name

**CODORUS ACCEPTANCE CORPORATION** 

| Principal Plac           | e of Business  | Mailing Address             | * 10011001 (01 1100) (010) (110) |               |                     | ) Brêts minit cont   |               |                                   |                |  |
|--------------------------|--|-----------------------------|----------------------------------|---------------|---------------------|--|---------------|-----------------------------------|----------------|--|
| 631 S. RICHLA            | ND AVE   | P.O. BOX 1592-364E          |                                  |               |                     |  |               |                                   |                |  |
| YORK PA 1740             | =  | YORK PA 17405               |                                  |               |                     | 70 107 107   | - IN T. 110   | COACE                             |                |  |
| US                       | •  | บร                          |                                  |               |                     | DO NOT WRITE IN THIS SPACE   |               |                                   |                |  |
|                          |  |                             |                                  |               |                     | <ol> <li>Date Incorporated or Qualifed</li> <li>03/09/1988</li> </ol>              |               |                                   |                |  |
| 2. Principal P           | lace of Business   | 2a. Mailing Address         | vailing Address                  |               |                     | 4. FEI Number  |               | Α                                 | Applied For    |  |
| 21                       |  | 26                          | 26                               |               |                     | 23-2464978   |               |                                   | lot Applicable |  |
| Suite, Apt.              | #, etc.  | Suite, Apt. #, etc.         | <del></del>                      |               |                     | 5. Certifcate of Status Desired  | 这             | \$8.75 Additional<br>Fee Required |                |  |
| City & Stat              | e  | City & State                | <del>-</del> 7 ′                 |               |                     | Election Campaign Financing     Trust Fund Contribution                            |               | \$5.00 May Be<br>Added to Fees    |                |  |
| 23<br>Zip                | Country  | Zip                         |                                  |               |                     | 8. This corporation owes the curre   | ent vear In   |                                   |                |  |
| <b>_</b>                 | 25   | 29                          | 30                               | ,             |                     | Personal Property Tax.   | iii yodi iiii | Yes                               | □No            |  |
| 24                       | 9. Name and Address of Curren  |                             | <u>   30  </u>                   | т             |                     | 10. Name and Address of New Ro   | eaistered     |                                   |                |  |
| <del></del>              | 5. Name and Address of Corre   | it Kegistered Agent         |                                  | 81            | Name                | TO. Marito aria Masi over St. Flow.  | 9.0.0.0.      | , . <b></b>                       |                |  |
| CT (                     | CORPORATION SYSTEM   |                             |                                  |               |                     |  |               |                                   |                |  |
| 1200 S. PINE ISLAND ROAD |  |                             |                                  |               | Street Add          | dress (P.O. Box Number is Not Acceptal   | ole)          |                                   |                |  |
| PLA                      | NTATION FL 33324   |                             |                                  | 83            |                     |  |               |                                   |                |  |
|                          |  |                             |                                  | 84            | City                |  | FL            | 85 Zip                            | Code           |  |
| <del></del>              |  |                             |                                  | ĻJ            |                     |  |               | -                                 | to registered  |  |
| office or r              | to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligation. | of Florida, Such change was | authorized                       | d bv          | the corporati       | poration submits this statement for the plants board of directors. I hereby accept | the appoi     | intment as i                      | registered     |  |
| SIGNATURE                |  |                             |                                  |               |                     |  |               |                                   |                |  |
| OIOITTOILE               | Stgnature, typed or printed name of registered age   |                             |                                  | 1 Agen        | t signature require | red when reinstating)  | DATE          |                                   |                |  |
| 12.                      | •  | ID DIRECTORS                | 13.                              |               |                     | ADDITIONS/CHANGES TO OFF   | ICERS AN      |                                   |                |  |
| TITLE                    | DVP  | ☐ DELETE                    | 1.1 Ti                           | TLE           |                     |  |               | Change                            | Addition       |  |
| NAME                     | CORCORAN, J. P.  |                             | 1.2 N                            | AME           |                     |  |               |                                   |                |  |
| STREET ADDRESS           | 317 W. TIMONIUM ROAD   |                             | 1.3 S                            | TREET         | ADDRESS             |  |               |                                   |                |  |
| CITY-ST-ZIP              | TIMONIUM MD  | _                           | 1.4 C                            | (TY-\$1       | r-zip               |  |               |                                   |                |  |
| TITLE                    | VD   | DELETE                      | 2.1 TI                           | TLE           |                     |  |               | Change                            | e ☐ Addition ( |  |
| NAME                     | DUCRAY, D.T.   |                             | 2.2 N                            | AME           |                     |  |               |                                   |                |  |
| STREET ADDRESS           | 1221 WOODLAND RD   |                             | 2.3 \$                           | TREET         | ADDRESS             |  |               |                                   |                |  |
| CITY-ST-ZIP              | YORK PA  |                             | 2.40                             | CITY-S        | T-ZIP               |  |               |                                   | Ì              |  |
| TITLE                    | S  | DELETE                      | 3.1 T                            |               |                     |  |               | ☐ Change                          | Addition       |  |
| NAME                     | KING, R.A.   |                             | 3.2 N                            | AME           |                     |  |               |                                   |                |  |
| STREET ADDRESS           | 1007 CHAPEL FORGE CT   |                             |                                  |               | ADDRESS             |  |               |                                   |                |  |
|                          | LANCASTER PA   |                             |                                  | XTY-S         |                     |  |               |                                   |                |  |
| CITY-ST-ZIP<br>TITLE     | AST  | ☐ DELETE                    | 4.1 T                            |               | -                   |  |               | Change                            | Addition       |  |
|                          | LIMM, J. C.  | <b>—</b>                    |                                  | IAME          |                     |  |               |                                   |                |  |
| NAME                     | 4444 DEBUILED DD   |                             |                                  |               | ADDRESS             |  |               |                                   |                |  |
| STREET ADDRESS           |  |                             |                                  |               | 1                   |  |               |                                   |                |  |
| CITY-ST-ZIP              | YORK PA  | DELETE                      |                                  | <u>17Y-51</u> | I-ZIP               |  |               | Change                            | Addition       |  |
| TITLE                    | AST  | ☐ DELETE                    | 5.1 T                            |               |                     |  |               | onange                            |                |  |
| NAME                     | KORNBLATT, M D   |                             |                                  |               | , +D0DC00           |  |               |                                   |                |  |
| STREET ADDRESS           | 4083 ROSEWALL CT   |                             | 1                                |               | ADDRESS             |  |               |                                   |                |  |
| CITY-ST-ZIP              | HARRISBURG PA  |                             |                                  | ITY-SI        | í-ZIP               |  |               |                                   |                |  |
| TITLE                    |  | · 🗀 DELETE                  | 6.1 T                            |               |                     |  |               | Change                            | Addition       |  |
| NAME                     |  |                             | 6.2 N                            | AME           |                     |  |               |                                   | ļ              |  |
| CTOCCT ADDRESS           |  |                             | 6.3 S                            | TREET         | ADDRESS             |  |               |                                   |                |  |

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, with all other like empowered.

6.4 CITY-ST-ZIP

RAKinG 3-23-99 (717)771-7001

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90251 033 \*\*\*158.75

CR2E034 (11/98)

# CODORUS ACCEPTANCE CORPORATION P. O. BOX 5154 YORK, PA 17405 23-2464978

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## DIRECTORS

| City and State    | Timonium, MD 21093<br>York, PA 17403<br>Lancaster, PA 17603      |          | City and State    | Timonium, MD 21093 York, PA 17403 York, PA 17403 Lancaster, PA 17601 York, PA 17404 York, PA 17404 Harrisburg, PA 17112  | 33 = 5  |
|-------------------|--|----------|-------------------|--|---|
| Street and Number | 317 W. Timonium Road<br>915 Upland Road<br>577 North School Lane | OFFICERS | Street and Number | 317 W. Timonium Road<br>915 Upland Road<br>25 Reynolds Mill Road<br>1007 Chapel Forge Court<br>1124 Detwiler Drive<br>1415 Hambiltonian Way<br>4083 Rosewall Court | ■ 13.<br>■ |
|                   |  |          | Date of<br>Birth  | 12/02/45<br>05/03/49<br>11/08/40<br>02/27/39<br>10/14/54<br>02/03/65<br>03/02/60   | And the state of t  |
|                   |  |          | Soc. Sec. #       | 324-38-7653<br>109-42-8098<br>164-32-6781<br>103-30-5424<br>187-42-5603<br>178-50-5752<br>160-48-4274  | State of the state  |
| Soc. Sec. #       | 324-38-7653<br>109-42-8098<br>208-46-3201                        |          | Title             | President & Treasurer Vice President Vice President Secretary Asst. Sec. & Asst. Treas. Asst. Treasurer Asst. Treasurer  | este dente e se costo e so a costo e se cost  |
| Name              | James P. Corcoran<br>Jane G. Davis<br>C. David Myers             |          | Name              | James P. Corcoran Jane G. Davis Richard G. Scott Robert A. King Jeff C. Limm David A. Berardone M. David Kornblatt   |   |