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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P18724 (5)
1. Corporation Name
UNISYS FINANCE CORPORATION



Principal Place of Business
TOWNSHIP LINE & UNION MTG. RDS.
BLUE BELL PA 19424
US

Mailing Address
PO BOX 500. 02NMW C15E14
BLUE BELL PA 19424-0001

3. Date Incorporated or Qualified 04/06/1988
3a. Date of Last Report 05/01/1996
4. FEI Number 38-2574919
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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, STEPHEN W.	1.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RONALD C	2.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLL, PETER	3.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUIG, JOHN D	4.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, JOHN J.	5.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, SUSAN T	6.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	6.4 CITY-ST-ZIP	

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 _____ RONALD C. ANDERSON 11/2/97 215-986-4744

CR2E034 (9/96)