

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

000338

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90032 002 ***150.00

DOCUMENT # P18724

1. Corporation Name
UNISYS FINANCE CORPORATION



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

Mailing Address
P.O. BOX 500 C1SE14
BLUE BELL PA 19424
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/06/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Unisys way E8-120		27 Unisys way E8-120		38-2574919	
City & State		City & State		Applied For	
23 Blue Bell Pa		28 Blue Bell Pa		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 19424 25		29 19424 30		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			
		FL			
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.					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
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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	D <input type="checkbox"/> DELETE	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	Unisys way m15 E8-120
CITY-ST-ZIP	BLUE BELL PA 19424	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RONALD C	2.2 NAME	Susan T. Keene
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS	2.3 STREET ADDRESS	Unisys way m15 E8-120
CITY-ST-ZIP	BLUE BELL PA 19424	2.4 CITY-ST-ZIP	
TITLE	CPTD <input type="checkbox"/> DELETE	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	Unisys way m15 E8-120
CITY-ST-ZIP	BLUE BELL PA 19424	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERBERG, JACK R.	4.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MTG. RDS.	4.3 STREET ADDRESS	Unisys way m15 E8-120
CITY-ST-ZIP	BLUE BELL PA 19424	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, SUSAN T	5.2 NAME	Mary Kay Gold
STREET ADDRESS	TOWNSHIP LINE & UNION MTD RDS	5.3 STREET ADDRESS	Unisys way m15 E8-120
CITY-ST-ZIP	BLUE BELL PA 19424	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Susan T. Keene 4/20/99 (215) 986-4744
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

544884-90032-2
P18724

UNISYS FINANCE CORPORATION

Officers:

Peter S. Noll

Chairman, President, Chief Executive Officer
and Treasurer

Susan T. Keene

Vice President and Secretary

Mary Kay Gould

Assistant Secretary

Jack R. Silverberg

Assistant Treasurer

Directors:

Susan T. Keene

Stephen W. Martin

Peter S. Noll

THE ABOVE NAMED OFFICERS AND DIRECTORS CAN BE CONTACTED AT:

Unisys Finance Corporation
Unisys Way
Blue Bell, PA 19424