

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18828** (4)

1. Corporation Name
TRI-ARC INSURANCE AGENCY, INC.



Principal Place of Business: 983 OLD EAGLE SCHOOL RD SUITE 616 WAYNE PA 19087 US
Mailing Address: 983 OLD EAGLE SCHOOL RD. SUITE 616 WAYNE PA 19087 US

3. Date Incorporated or Qualified: 04/14/1988
3a. Date of Last Report: 02/06/1995
4. FEI Number: 23-2517668
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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | YOSKIN, JON W | |
| STREET ADDRESS | 1606 PINE STREET | |
| CITY-STATE-ZIP | PHILADELPHIA PA | |
| TITLE | STPD | <input type="checkbox"/> DELETE |
| NAME | MAIDA, RICHARD C | |
| STREET ADDRESS | 516 IRONWOOD WAY | |
| CITY-STATE-ZIP | DRESHER PA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAMMER, FREDERICK | |
| STREET ADDRESS | 520 MEADOWBROOK CIRCLE | |
| CITY-STATE-ZIP | ST DAVIDS PA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOLDSTEIN, WILLIAM | |
| STREET ADDRESS | 787 TREPANNY LANE | |
| CITY-STATE-ZIP | WAYNE PA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1 1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1 2 NAME | Records, George | |
| 1 3 STREET ADDRESS | 6100 N. Weston, Suite 202 | |
| 1 4 CITY-STATE-ZIP | Oklahoma City, OK 73118 | |
| 2 1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME | | |
| 2 3 STREET ADDRESS | | |
| 2 4 CITY-STATE-ZIP | | |
| 3 1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME | | |
| 3 3 STREET ADDRESS | | |
| 3 4 CITY-STATE-ZIP | | |
| 4 1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | | |
| 4 3 STREET ADDRESS | | |
| 4 4 CITY-STATE-ZIP | | |
| 5 1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME | | |
| 5 3 STREET ADDRESS | | |
| 5 4 CITY-STATE-ZIP | | |
| 6 1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME | | |
| 6 3 STREET ADDRESS | | |
| 6 4 CITY-STATE-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: Richard C. Maida Richard C. Maida 1/16/96 610-254-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)