

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 (81-85)

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOSKIN, JON W	12 NAME	Records, George
STREET ADDRESS	1606 PINE STREET	13 STREET ADDRESS	6100 N. Weston, Suite 202
CITY-ST-ZIP	PHILADELPHIA PA	14 CITY-ST-ZIP	Oklahoma City, OK 73118
TITLE	STPD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIDA, RICHARD C	22 NAME	
STREET ADDRESS	516 IRONWOOD WAY	23 STREET ADDRESS	
CITY-ST-ZIP	DRESHER PA	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, FREDERICK	32 NAME	
STREET ADDRESS	520 MEADOWBROOK CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	ST DAVIDS PA	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, WILLIAM	42 NAME	
STREET ADDRESS	787 TREPANNY LANE	43 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: 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)