

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P22845** (2)

1. Corporation Name

**MERIDIAN BANK, INC.**



Principal Place of Business

601 PENN ST. 2ND FLOOR  
PO BOX 1102  
REDDING PA 19603  
US

Mailing Address

C/O TAX DEPT/SR4C70  
ONE MERIDIAN BLVD.  
WYOMISSING PA 19610  
US

3. Date Incorporated or Qualified

02/02/1989

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-0404410

Applied For

Not Applicable

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

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

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

Signature typed or printed name of registered agent and of the filer (applicable)

(Print). The printed Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME UNRUH, ROBERT J.  
STREET ADDRESS 179 MOYER ROAD  
CITY-ST-ZIP CHALFONT PA

TITLE ☐ DELETE

P  
NAME BURKE, WILLIAM T  
STREET ADDRESS 2944 BIRKDALE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

V  
NAME LATOURETTE, KAREN E  
STREET ADDRESS 885 RUTH ROAD  
CITY-ST-ZIP TELFORD PA

TITLE ☐ DELETE

V  
NAME MARTINI, JOSEPH H  
STREET ADDRESS 1 MERIDIAN BLVD  
CITY-ST-ZIP WYOMISSING PA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/CFO

Harfst, Jeffrey L.

8 Domicion Court

Middletown, NJ 07748

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

*Joseph H. Martini*

Joseph H. Martini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

Day

610-655-2712

Daytime Phone #

CR2E034 (12/95)