

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

FILED

Mar 04 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 # P25746 (9)  
1. Corporation Name  
WESTCHESTER PREMIUM ACCEPTANCE CORPORATION

Principal Place of Business  
2700 NORTH EAST LOOP 410  
SUITE 500  
SAN ANTONIO TX 78217

Mailing Address  
P.O. BOX 65100  
SAN ANTONIO TX 78265-5100  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1989	3a. Date of Last Report 02/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 74-2458787		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JR., MARK E	1.2 NAME	
STREET ADDRESS	215 CHARLES ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78209	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, III, MARK E	2.2 NAME	
STREET ADDRESS	321 W. CASTANO	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78209	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDSTAFF, MICHAEL W	3.2 NAME	
STREET ADDRESS	100 HAPPY TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78231	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JR., MERLE U	4.2 NAME	
STREET ADDRESS	8555 LARENS LANE #102	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78218	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, GARY V	5.2 NAME	
STREET ADDRESS	810 OLMOS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78212	5.4 CITY - ST - ZIP	
TITLE	AVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMGARDNER, JILL P	6.2 NAME	
STREET ADDRESS	15034 OAK BRIAR	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAN ANTONIO TX 78232	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: *Mark E. Watson III* 2/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark E. Watson III  
1-800-347-4740

CR2E034 (9/96)