

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 # P27565 (1)

1. Corporation Name

CORESTATES DEALER SERVICES CORP.



Principal Place of Business

747 DRESHER ROAD, SUITE 100
HORSHAM PA 19044

Mailing Address

747 DRESHER ROAD, SUITE 100
HORSHAM PA 19044

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/04/1990

3a. Date of Last Report

03/28/1995

4. FLEI Number

23-2580408

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

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 firm if applicable

(NOTE: Registered Agent Signature required when entering filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
KAPLAN, THOMAS J
STREET ADDRESS 16TH & MARKET STREETS, 39TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME V
WISMER, WILLIAM J., III
STREET ADDRESS 747 DRESHER ROAD, #100
CITY-ST-ZIP HORSHAM PA

TITLE ☐ DELETE

NAME V
HALL, ROBERT L.
STREET ADDRESS 747 DRESHER RD, #100
CITY-ST-ZIP HORSHAM PA

TITLE ☒ DELETE

NAME S
GIROUX, STEPHEN M.
STREET ADDRESS 16TH & MARKET STS, 39 FL
CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME T
CHILA, DAN A
STREET ADDRESS 16TH & MARKET STREETS, 16TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME AS
FLANAGAN, MADELINE
STREET ADDRESS 16TH & MARKET STS, 39 FL
CITY-ST-ZIP PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

1.2 NAME KATHLEEN A. MCGADY
1.3 STREET ADDRESS 747 DRESHER ROAD, #100
1.4 CITY-ST-ZIP HORSHAM, PA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

DATE

DAYTIME PHONE

CR2E034 (12/95)