	TICE: CORPORATION WILL I IE ON OR BEFORE 09/15/99: \$550 (IF)			١	
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orsham pa	15044		HORSHAM PA	19044				DO NOT WR		S SPACE		
								 Date Incorporated or Qualifier 01/04/1990 	t			
Principal P	Principal Place of Business		2a. Mailing Address					4. FEI Number			Applied For	
Suite, Apt	Suite, Apt. #, etc.		26 1201 Hays Street Suite, Apt. #, etc.				23-2580408 5. Certificate of Status Desired			Not Applicat 5 Additional	le	
City & Stal	e	2	27 City & Stat					6. Election Campaign Financing			Required	
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	9. Name and Address of Cu					81 N	ame	10. Name and Address of New	Registered	Agent		
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August 9, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Attention: Annual Reports Filing Department

Regarding: CoreStates Dealer Services Corp. (23-2580408) Annual Report Filing – First Notice Not Received

Dear Reports Filing Department:

Attached is the 1999 Annual Report Filing for the above referenced entity. Unfortunately, we never received a First Notice and therefore were unaware that our annual report filing was due.

Based upon our having not received a First Notice, we respectively request that the \$400.00 penalty be waived, and that you accept the enclosed amount of \$150.00 as payment for CoreStates Dealer Services Corp.'s 1999 filing fee.

Thank you for your assistance and consideration in this matter. Should you have any questions, please feel free to contact me at 215-786-7421.

Sincerely,

William H. Schwartz Assistant Vice President and Assistant Secretary

WHS/mth

Attachment

CORPORATION COMPANY	R	COUNT NO.	-	072100000	032		
		EFERENCE	:				
	AUTHO			341100	71705	45	
		RIZATION	:	Pati	icia	Print	
	со	ST LIMIT	:	\$ 150.00		00	
ישגת פשתקה	August	12 1000					
ORDER DATI	: August	13, 1999					
ORDER TIM	: 12:11 P	М					
ORDER NO.	: 341100-	005					
CUSTOMER I	0: 7170	545					
CUSTOMER:	Mr. Willia First Unio Legal Dept 1339 Chest Philadelph	n Corpora . Pa 4840 nut Stree	tion t				

NAME: CORESTATES DEALER SERVICES CORP.

XX ____ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

