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Mar 06 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 # P28159 (2)

1. Corporation Name
CORRESPONDENT SERVICES CORPORATION

Principal Place of Business

% TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087

Mailing Address

% TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087-6727



3. Date Incorporated or Qualified 02/14/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 22-2999831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BASSO, ROBERT	
STREET ADDRESS	1000 HARBOR BLVD	
CITY - ST - ZIP	WEEHAWKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAUGHEY, DOROTHY F.	
STREET ADDRESS	1000 HARBOR BLVD	
CITY - ST - ZIP	WEEHAWKEN NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, PIERCE	
STREET ADDRESS	1000 HARBOR BLVD	
CITY - ST - ZIP	WEEHAWKEN NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRUCK, HOWARD	
STREET ADDRESS	1000 HARBOR BLVD	
CITY - ST - ZIP	WEEHAWKEN NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HANS, JUNE	
STREET ADDRESS	1000 HARBOR BLVD	
CITY - ST - ZIP	WEEHAWKEN NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DEVOCO, LOUIS	
STREET ADDRESS	1000 HARBOR BLVD	
CITY - ST - ZIP	WEEHAWKEN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ken Levine
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/97

201-900-1323

CR2E034 (9/96)